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MICROBES AND TOXINES.*

BY A. L. GIHON, M. D., U. S. N., WASHINGTON, D. C.

The discovery of this or that microbic cause, or coincident or inevitable consequent of cause, of one disease after another, naturally led to the deduction of special germicidal agencies for each, and for a time there was an appalling prospect of preventive hypodermic tattooing, scarcely less repulsive than the disease, and a bravado resolve to let each particular microscopic devil do its worst. Multiplying a million a minute, it was realized that we could be no match for our Lilliputian enemies, whom we could not kill by drugs without at the same time killing ourselves. Apace with the bacteriologists' revelations have been the chemists' syntheses, which, however we might be disposed to recommend to our friends and patients, none of us were brave enough to care to take within our own economies. I confess to no intimate familiarity with these latest evolutions of the laboratory, though the names of some I know by sight very well, even if most of them I neither can speak nor can spell. Hence it was a gratifying announcement that we had within ourselves our own defenders and defenses. "In the blood is the life thereof" began to have greater significance through the belief that its living cells devoured these countless swarms of intruders, and thus prevented their disastrous inroads. It was enough for us, then, by tonic and alterative, and stimulant and corroborant, to preserve the appetites of these domestic phagocytes, and see that they were always in sufficient force to patrol the avenues of the circulation. So, the homely phrase of cleansing the blood of its impurities came back like an old friend in a new dress—but already we are called upon to abandon our bio-therapeutics, with its war of the microbes and the final victory of good over evil-minded bacteria, as poetic fancy, and now comes the chemist with potencies, that are marvelously alike in looks, which set sail on their mysterious voyage in the channels of the blood to neutralize the toxic products of each malefic monad.

Among the pleasantest recollections of my early life are those of my old preceptor, whose father, himself a favorite pupil of Benjamin Rush, had conferred the latter's name upon his own son, which doubtless explains my inherited admiration for that wonderful man. I recall how carefully I was indoctrinated with the belief, which I have not been over-ready to abandon, that nosological nomenclature was a treacherous guide, that diseases were not so many entities for which specific antidotes were to be sought, and that the cardinal points of diagnosis to guide the medical pilot were the grade of action as indicated by the pulse, the state of the secretions and the condition of the organic fiber. To-day, we go behind these with lens and test-tube to ferret the particular microbe, bacterial proteid or chemical toxine, which has disturbed the circulation, obstructed the flow of the secretions, or irritated, inflamed or disorganized the basis structure of the tissues.

It would be unpardonable, therefore, if, in an address on medicine, however cursory and superficial, one should neglect to give due credit to the bacteriological investigators, the scope of whose researches embraces not merely the discovery of disease causation, but the means for its prevention and cure. The busy practitioner, perhaps, has little time to follow diligently the discussion as to whether the bacteria themselves are the real enemies of health, or only the agents for the introduction of their proteid products or toxalbumins, ptomaines or other chemical toxines, which are the actual pathogeners. He is chiefly concerned as to the practical results of these investigations.

Dr. Sternberg in a recent valuable paper admits that until a very late day the bacteriologist's demonstration of the specific cause in a considerable number of infectious diseases had not resulted in the discovery of a specific treatment for these diseases. Preventive medicine has almost exclusively profited by his researches, as when the discovery of the bacterial parasite placed tuberculosis among the infectious dis-

*Abstract from Address on General Medicine, Detroit Meeting, A. M. A.

eases and the destruction of the sputum became a recognized practical necessity. Of the same order are the precautions of modern aseptic surgery and obstetrics, and the use of antiseptics in traumatic infection and in localized infectious processes. Sternberg has described 475 species of bacteria of which 158 species are pathogenic, although all are not differentiated by morphological characteristics, and the latest discoveries have established the fact that the pathogenic action of those bacteria, which have been shown to be concerned in the etiology of specific infectious diseases, is due to the formation of toxic products during the active development of the bacterial cells, and to isolate these toxines and toxalbumins is now the attempt.

Recent experimenters, significantly prominent among whom were three Japanese biologists, having demonstrated that the blood of an animal having a natural immunity against anthrax, if injected into the body of a susceptible animal, protected the latter from anthrax, it was subsequently found that the blood of animals having an artificial immunity against tetanus or diphtheria injected into susceptible animals, in like manner, protected them against the effects of the injection of virulent cultures of the bacilli of tetanus or diphtheria, and finally Dr. Rudoph Schwarts, assistant to the surgical clinic at Padua, reported the actual successful treatment of an advanced case of traumatic tetanus by injections of tetanus antitoxine obtained by Dr. Tizzoni from the blood-serum of a dog, which had been rendered immune against tetanus, and three other cases of success with this same treatment elsewhere have been since reported.

Since Behring's experiments, in Sternberg's opinion, suggest the possibility that the potent toxalbumin of the diphtheritic bacillus may be neutralized in the bodies of infected animals, and the Klemperers having shown the probability that the blood serum of animals which have an artificial immunity against cultures of micrococcus pneumoniæ crouposæ, when injected into other susceptible animals, renders them immune, Sternberg indulges the hope that croupous pneumonia in man may be arrested by a similar mode of treatment. He further says, from analogy, based upon experimental evidence, the successful treatment of tuberculosis appears to call for the administration of antituberculin rather than that of the active toxic principle elaborated by the tubercle bacillus.

Ehrlich's experiments with pathogenic toxalbumins not produced by bacteria, but of vegetable origin, Sewall's showing that immunity from poisoning by rattlesnake venom may be produced by injection of small doses of its toxic agent, and others strongly support the view that all infectious diseases are due to the action of substances resembling the toxalbumins already discovered, and that acquired immunity from any of them is due to the formation of antitoxines in the blood of the immune animal—but while in many infectious diseases the toxalbumin is produced by a specific micro-organism, we have no evidence that this is the case in the strictly contagious eruptive fevers, and none to justify a generalization that all infectious diseases, as small-pox and scarlet fever, are due to specific micro-organisms. Sternberg suggests the possibility that in these diseases the toxalbumin, which gives them their specific character, is a product of the living cells of the body of the infected individual, and says the inference is justifiable that the blood and tissue-juices of any individual who has recently suffered an attack of small-pox or scarlet fever, contains an antitoxine which would neutralize the active poison in the circulation of another person immediately after infection, and he holds the experiment warrantable to ascertain whether a small quantity of blood drawn from the veins of the protected person would suffice to arrest or modify the course of these diseases. The transfusion of a moderate amount of such blood might be curative or confer immunity in advance of infection, and possibly an antitoxine may be obtained from the blood of vaccinated calves, which would have a curative action in small-pox. Dr. Sternberg has himself demonstrated, by recent experiments with the blood of vaccinated calves, that there is something in this blood which does neutralize the specific virulence of vaccine virus, both bovine and humanized.

I can hardly close without a passing reference to the malady which is on every tongue, and is credited with the virulence of a plague—the influenza—the influence whose mysterious grip upon the physically strong and robust, as upon the feeble and frail, leaving all alike mentally and bodily prostrated, has been attributed to some occult cause, acting upon or through the nervous system. It too is now known to have its bacterium, the latest micro-organism to be discovered, unless the verification of the Berliner Hospital experiments shall give that distinction to the alleged bacillus of measles. The bacterial proteid of influenza has not yet been isolated,

and when it is, and its antitoxine shall be demonstrated and successfully administered with curative results, a new era shall indeed have begun in general therapeutics.

ARISTOL IN CHAPPED NIPPLES.—Vinay ("St. Louis Med. and Surg. Jour.") recommends a twenty per cent aristol ointment as useful in chapped nipples. After suckling, the base of the nipple is firmly grasped so as to open out the cracks, which are then brushed with the ointment.

EUROPHEN IN BURNS.—Dr. Siebel has ("Berlin klin. Woch.") had excellent results in the treatment of burns and injuries resulting from corrosives and caustics from the use of the following ointment:

Europhen	3 grams
Olive oil	7 grams
Vaselin	60 grams
Lanolin	30 grams

He obtained the best results from this ointment, and what was especially remarkable was the marked diminution of the secretions. Owing to the latter effect it was found possible to leave the dressings in place for three or four days, and to renew them easily and without pain. Many patients were enabled to continue work under the use of a starch dressing. Severe burns of the third degree healed completely after three or four dressings. The longest period of healing (twenty-two days) was observed in a case of severe injury from hydrochloric acid, extending from the elbow to the wrist, over a breadth of five centimeters. It should also be noted that the europhen ointment relieved the pains from the moment it was applied to the burns. In children europhen can also be employed without risk, since it may be regarded as innocuous, at least in the doses which obtain here.

TREATMENT OF SCARLATINA.—Lauder-Brunton ("Med. Bull.") speaks favorably of arsenic, when the tongue remains red and irritable during convalescence. Ammonium carbonate in frequent doses is greatly recommended. Ringer recommends chlorine water for sloughing throat; arsenic and nitric acid for persisting red tongue in convalescence; cold compresses to the throat throughout; ice to be sucked; gray powder for inflamed tonsils; packing throughout, especially on retrocession of rash; veratrum for convulsions.

BISMUTH SALICYLATE.—Dr. Miknevitsch emphatically recommends ("St. Louis Med. and Surg. Jour.") the treatment of protracted diarrhœas in children under two years of age by the internal administration of bismuth salicylate after the formula:

℞ Bismuthi salicylici	gr.	xxiv
Gummi arabici	3	i
Sacchari albi	3	iss
Terendo adde		
Aquæ destillatæ	3	viii
Fiat lac. Tum adde		
Aquæ destillatæ	3	xlviii

M. S. Shake well before using. Give from one to two teaspoonfuls from three to six times a day.

Each teaspoonful of the mixture contains about one-half grain of the salicylate, which represents a normal individual dose (repeated three or four times daily) for an infant aged from six to eight months. The bottle should be kept in ice or cold water (to prevent nausea, sometimes produced by the salicylate). In emaciated children the remedy, in largest doses, is apt to induce profuse perspiration, accompanied by general weakness. Hence, as soon as the sweating appears, the dose should be correspondingly diminished. In recent cases (of a few days' standing) the salicylate is useless.

FRACTURES OF THE HUMERUS.—Dr. J. B. Roberts in a paper read before the American Surgical Association arrives at the following conclusions anent the treatment of uncomplicated fractures of the lower end of the humerus: In the treatment of fractures of the lower end of the humerus, the divergent angle between the axes of the arm and forearm must be preserved; and hence, dressings which interfere with the normal difference in level of the radius and ulna are not permissible. Fractures of the lower end of the humerus of ordinary severity are, as a rule, more successfully treated in the extended than in the flexed position, because the "carrying function" is less liable to be impaired. Passive motion at an early date is harmful, and should be deferred until union has occurred and the dressings have been finally removed. Good results as to anatomical conformation and as to motion are generally to be expected, and can usually be obtained. Recent fractures in which satisfactory coaptation is not obtainable under anæsthesia may with propriety be subjected to exploratory aseptic incisions. Old fractures, in which deformity and impairment of function are marked, may, within certain limitations, be subjected to refracture or osteotomy for the relief of these conditions.

INSANITY AFTER THE KEELEY "CURE."*

BY R. DEWEY, M. D., KANKAKEE, ILL.

Whether drunkenness be a disease, a habit, a vice or a combination of the three or whether alcohol be looked upon as the agent to remove those not fit to survive, is what the physician can but have a certain interest in. As superintendent of the State Insane Hospital at Kankakee, eight patients have come under my care, who were committed directly after a residence at Dwight. In the first case insanity had never occurred until after the Dwight treatment and a cure was effected; the second case, one of morphine habit, resulted in insanity after the Keeley "home treatment"; not cured of insanity; case three, alcohol habit, sent to Kankakee insane hospital after treatment at Dwight; patient cured of insanity, but still drinks; case four, alcohol, morphine and cocaine habits, treated at Dwight, relapsed, was wildly insane, recovered mentally, but still drinks; case five, alcohol and morphine, sent to insane asylum from Dwight, still in asylum; case six, alcohol, morphine and cocaine habits, took Keeley "home treatment," sent to Kankakee insane hospital, not insane before going to Dwight, but received insane and discharged cured; case seven, alcohol case, insanity developed at Dwight while undergoing treatment, still in insane asylum; case eight, alcohol case, insanity developed one month after leaving Dwight, not previously insane, still in insane asylum.

In each of these cases insanity resulted from the Dwight treatment. There seems to be no doubt that ordinary well-known tonics are combined with some narcotic, and mydriatic drug, probably atropine. As to the presence of gold, there is great doubt. The moral influences are remarkable, the patients going to Dwight with an earnest expectation of benefit, which places them in the most favorable attitude for beneficial results. The powerful influence of an aroused expectation is similar to that resulting from hypnotization, prestidigitation and mediumistic performances and from the apparently miraculous results of visits to Lourdes or of laying on of hands by some people supposed to be endowed with supernatural powers.

Any person who is powerfully "doped" with stimulating and narcotic drugs, as strychnia or atropine, will, for the time, lose all accustomed appetite for other stimulants or narcotics. Plying of the patient with such powerful drugs partially paralyzes him, mentally and physically, and this is important as a means of impressing him with the idea that some great and remarkable change is taking place in his system. He naturally believes that he is being reconstructed from top to toe, and that a great process of elimination is going on, which, when completed, will make him a new creature in all his appetites and desires. He is told that his appetite for liquor will disappear, that he will not care for it any more, and he devoutly believes it. He is told, perhaps, that he cannot take liquor even if he should wish it; that it will disgust him and not remain on his stomach. That it will disgust him is a fact, for liquor is disgusting to a healthy man. It has been shown that Keeley's patients have actually found, as predicted, that they could not swallow whisky, or, if they did, it would be expelled by the stomach. The very fact of the prediction has a great deal to do with this. It is the same principle that the mesmerist uses in talking to his subjects, the fact that they are in his power; that they must do as he says; that at a certain time they will feel a certain impulse they cannot resist to do a certain thing. The hour comes, they feel the influence and obey it, providing they believe what the mesmerist has said.

It is an important question whether there is any treatment which will remove the appetite for liquor, and it remains to be shown whether anything further than the operation of natural causes is required to account for the undisputed fact that a large proportion of Keeley's patients do lose their appetite for liquor.

There is another question about the Keeley system to which an answer is required by science and humanity. Dr. Keeley announces that drunkenness is a disease. He makes no exception to the statement that it is a disease pure and simple. If this be true the question arises why he refuses to treat patients a second time. In doing this is he not punishing them, in his own showing, for their misfortune? What would be thought of any hospital or sanatarium which refused to receive a patient with pneumonia or rheumatism because he was guilty of having a second attack? It does not answer this question to say that the effect on others is bad to take in old cases, though we know the

*A. M. A. Trans. Cond.

effect would necessarily be bad upon the attendance at the Keeley institute of having the cases of failure staring the new cases in the face.

Dr. Keeley claims 95 per cent of cures and the figures of the bichloride of gold clubs are even higher, but they both neglect to state, so far as I have observed, what constitutes a cure. Does a cure mean one or five years of abstinence? And do the figures given embrace all the cases treated, or only those about whom information is forthcoming?

In the first place drunkenness is not like rheumatism, paralysis, consumption and bodily diseases, whose presence or absence can be demonstrated. The cure of drunkenness is a more difficult matter to ascertain. No one can follow up all Keeley's patients for months and years to see how they turn out. Patients may be still drinking in the outside world and still deny it or deceive others. There are many whose paroxysms of drinking are months, or even years, apart, and there must be hundreds who drop out of sight, especially if they relapse. Some relapses are admitted, even by Dr. Keeley, and yet he announces that his remedy is "infallible," printing this word upon the label of his bottle, and of course if his claims are correct the percentage of cures would be 100 per cent.

The department of publicity and promotion of the Keeley enterprise is one of the most important factors in its success. A large proportion of the advertising is spontaneous; it is secured gratis.

If it be true that there is something essentially new in Keeley's treatment, a motive for concealing it becomes at once apparent on the supposition that he wishes to derive personal advantage from his invention. But if he wishes to derive personal advantage, and there is nothing new or important in his system, the motive for concealment is equally apparent, and the personal interest is the same in either case. The imposition of outsiders is greater than it would be if his processes were not secret, while if the facts were known skillful and scientific men could universally make use of them for the benefit of all. Keeley's efforts to keep his process secret are inexcusable from the standpoint of science and humanity and medicalethics. Koch ultimately placed his discovery in the hands of the world, and it was tried and found valueless.

It remains to be seen how true Keeley's claims may be, but if Keeley should prove as seems likely to be a Barnum of medicine, rather than a Jenner or a Lister, I should owe an apology to Koch for coupling his still great reputation with that of an adventurer who knows how to turn human credulity to personal account.

Dr. Keeley, in a lecture delivered to his patients at Dwight, in March 1892, states that he is not called a Christian, but does believe in special providences, and believes that his discovery is a special providence. This is the first instance of a special providence offering its services for cash. Verily he has his reward at the rate of $10 per bottle and $25 per week.

TONGUE CANCER.—Dr. N. P. Dandridge concludes, in a paper read before the American Surgical Association, that: Sufficient experience has been accumulated to show that the removal of cancer of the tongue prolongs life and adds to the comfort of the patient and further affords a reasonable hope of permanent cure. All operations should be preceded by an effort to secure thorough disinfection of the mouth and teeth. In the treatment of continued ulcers and sores on the tongue, caustics are to be avoided and all sources of irritation removed. Persistent sores on the tongue should be freely removed by knife or scissors if they resist treatment. When the disease is confined to the tongue, Whitehead's operation should be employed for its removal. In this operation, the advantage of preliminary ligation of the lingual artery is not definitely settled, but the weight of authority is against its necessity. The advantage of leaving one half the tongue in unilateral disease must be considered undetermined, but the weight of positive experience is in its favor. In splitting the tongue into lateral halves. Baker's method of tearing through the raphe should always be employed. A preliminary tracheotomy adds an unnecessary element of danger in the removal of the tongue in ordinary cases. When the floor of the mouth has become involved or the glands are enlarged, Kocher's operation should be employed, omitting the spray and preliminary tracheotomy. Removal of the glands by a separate incision after the removal of the tongue must be considered insufficient. Volkmann's method still rests on individual experience. Its just value can not be determined until it has been subjected to trial by a number of surgeons. Thorough and complete removal should be the aim of all operations, whether for limited or extensive disease. By whatever method the tongue is removed, the patient should be up and out of bed at the earliest possible moment, and should be generously fed.

FATAL SUPRA-PUBIC BLADDER ASPIRATION.*

BY FRANK DYER SANGER, M. D., BALTIMORE, MD.

The case I am about to relate was that of a 75-year-old white man, large, rather fleshy, full habit. Had had trouble passing his urine for some time, but never retention. For three days had suffered much pain in the region of the bladder, and could only pass a small quantity of urine at a time. Examination showed the bladder to be moderately distended, its summit about two inches below the umbilicus. A hot bath gave no relief. A number of strictures were found in the urethra, nevertheless a long curve catheter was passed as far as the prostatic urethra; nothing could be passed further. Seven hours after the patient was first seen aspiration was determined upon, as I felt sure the bladder would suffer if not soon relieved. A double inguinal hernia and a rather thick accumulation of fat over the pubes decided me to insert the needle well up. Having used thorough antiseptic precautions, I felt that I could pass the needle through the peritoneum with safety. About one quart of urine was removed from the bladder. A drop of blood followed the removal of the needle, the point of puncture was covered with a strip of adhesive plaster and the patient went to sleep. Next day his bowels moved freely, and he passed considerable urine, a part of which escaped into the bed and could not be measured. The morning of the second day after the operation he complained of pain in the lower part of the abdomen and tenderness. Bladder could not be felt; pulse somewhat accelerated; temperature normal. Toward evening abdomen became tympanitic, pulse more rapid, temperature 98, expression anxious, urine passed in small quantities. Bladder could not be made out. Opium given to relieve pain and heat applied to abdomen. Patient died next morning, sixty-two hours after the aspiration. The needle had entered the abdominal wall two inches above the upper border of the symphysis pubis. A line of light extravasation marked the track of the needle through the wall and parietal peritoneum fold; further than this its track could not be positively determined as the pelvic cavity was filled with blood. Dense adhesions bound the bladder in all directions, which required considerable force to be broken up. There was considerable redness of the parietal and visceral peritoneum in the vicinity of the bladder. No pus or urine apparently. In freeing the adhesions about the bladder that organ was ruptured, and about half a pint of turbid urine escaped. I removed the bladder and urethra en masse, but was prevented from further examination by friends who came to claim the body.

There have been a number of deaths reported from supra-pubic puncture for the relief of a distended bladder. Deneffe and Van Wetter in 1877 collected 152 cases of supra-pubic puncture with six deaths; eighty-seven cases of rectal puncture with eleven deaths. I have not been able to find another case of accident from aspiration in the literature, though my search has not been by any means exhaustive. Deneffe and Van Wetter report fifty-seven cases of aspiration with no accident, showing the improvement upon puncture. The case here reported proves at least that aspiration is not free from danger, and suggests greater circumspectness in its practice.

Dr. W. P. Chunn said that, in these cases of distended bladder, by sticking close to the symphysis the bladder can be reached without striking the peritoneum. In this case under consideration some urine trickled into the peritoneum and caused peritonitis.

Dr. J. W. Chambers looked with apprehension upon every distended bladder in old men who had enlarged prostate. The amount of hæmorrhage resulting in Dr. Sanger's case merited attention. The enlarged prostate interfered with the circulation, and the veins on the anterior vesical surface thereby became varicose. One was probably punctured. The peritoneum was probably infected through the needle becoming infected in the bladder.

*Maryland Clin. Soc. Trans. Cond.

PHOSPHORUS IN FEVERS.—Dr. J. W. Duncan, of Atlanta, states, in a paper read before the Georgia Medical Society, that phosphorus is a very excellent nerve tonic and stimulant, acting on the circulation through the nervous system, causing the pulse to be fuller and more frequent, distending the capillaries until free perspiration follows, and from its primary action increasing the heat of the surface of the body slightly. Its secondary effect lowers temperature. It accelerates cell growth in the body. It acts as a diuretic. The urates and urea are greatly increased in the urine; but it should not be regarded as a specific in fever.

SUMMER DISEASES OF CHILDREN.*

BY W. S. CHRISTOPHER, M. D., CHICAGO.

FELLOW OF THE CHICAGO ACADEMY OF MEDICINE. PROFESSOR OF CHILDREN'S DISEASES IN THE CHICAGO POLICLINIC.

There are two distinct types of summer diarrhœa—the one with sour stools, the acid of sugar and starch fermentation proving to be an irritant to the intestinal membrane and causing the diarrhœa, and the one with putrid stools, from the decomposition of nitrogenous food, as meat, milk, eggs, fish, etc. The sour diarrhœa is not very dangerous, as the general system is not poisoned. The putrid diarrhœa is accompanied by the production of alkaloidal ptomaines, which invade the blood and poison the system, producing fever, convulsions, collapse, coma, and, if not successfully treated, death.

In many cases where the stools are green, due to the growth of certain chromogenic bacteria, there is no general systemic trouble, but, on the other hand, where there are rather innocent-looking stools, nothing but a little rice water discharge, the patient is seriously ill. In every such case of cholera infantum there have always been putrid stools at first, and they are no longer putrid, simply because everything has been washed out of the bowel. My own experience is that brown stools are foulest in point of odor, and most apt to be accompanied by severe symptoms on the part of the general nervous system. Some of these patients have fever, and some have not, simply because in some instances poisons capable of producing rise in temperature are formed, in other instances they are not. Fever is then purely an accidental condition. Convulsions occur, but these are not due simply to the draining away of the serum which the large number of movements has produced, but to the production of a convulsive poison, something that can produce convulsions, something like strychnia. I do not say that strychnia is elaborated in the bowel, but a poison having a somewhat similar action.

Another point of importance is the question of coma in these cases. Some years ago when I treated these cases exclusively by opium, I used occasionally to find a little one with what I considered opium poisoning. Later, after I had stopped using opium, once in a while the same kind of a case would occur. On questioning the mother I would find that no opium had been given outside of my direction, and something else must be at fault. I see several such cases every year, characterized by contracted pupils, stupor, sometimes coma, by slow respiration aud slow pulse. Now, there has been formed in the bowel of that child a poison which acts like opium and produces these symptoms. How shall we get rid of it? I have invariably given potash nitrate and water, and in the course of two hours, invariably profuse urination has occurred, and with it all symptoms have disappeared; in other words, the poison has been washed out through the kidneys. Here, then, is one of the symptoms which is evidently produced, so far as clinical information can teach us, from something developed in the bowel. Patients are troubled with insomnia, and it is likely that this sleeplessness is caused by poisons in the same general way. The patient is weak, the fontanelle has sunken, the eyes have sunken, the skin is cold and the pulse indicates collapse. Now to what is that due? Is it because the baby has had four or five or a dozen stools that day? No. If you had given the baby magnesia sulphate there would be the same loss of serum. Would the child be in that shape? No. There is another element there besides the number of stools. The mere number of stools is of secondary importance. The question of loss of fluid we have been taught to think much of—too much indeed. A motor depressant, say conium or curare, introduced into the child's blood, would have produced almost the same condition of collapse. It is evident that the collapse has been produced by some poison, and not simply by the number of stools that have been passed. If we believe the collapse to be due wholly to the number of stools we would most rationally proceed to stop the stools; we would give the child opium, tannic acid, or anything to stop the flow from the bowels. But if it be due to a poison that has been formed in the intestine, there is nothing to be gained by stopping the number of stools. We may even do damage by retaining in the bowel the source of the trouble. Summer complaint presents various phases, but due entirely to poisons formed in the intestinal canal. On the other hand; stools cannot produce poisons of this kind, but yet movements from the bowels occur, and we can only explain the phenomenon on the ground that products of acid fermentation are directly irritating to the intestinal mucous

*Read before the Chicago Academy of Medicine.

membrane, and act locally by stimulating the bowel, by increasing its functions locally. But remember that such irritations do not and cannot produce collapse; that they do not and cannot produce coma; that they do not and cannot produce convulsions; all the serious conditions are thrown to one side and only the local ones of increase in the number of stools and pain remain. Now then, here comes in the explanation of Dr. Rachford. If these depressed conditions occur, no matter what the number of the stools may be, the trouble is due to poisons formed from nitrogenous material. If we can stop the proteid fermentation, even if we have to leave an acid fermentation, we shall make a decided gain for our patient.

Now as to the treatment proper. It consists of two general steps: First, to remove the cause; second, to repair the damage done. These two steps apply to almost any disease, but particularly to this one. First, remove the cause. How? We have found that the cause is due to certain fermentations going on in the bowel; let us get the poisons out of the bowel. How? By the use of laxatives first. Calomel in one-grain doses every four hours and copious hot water enemata (one quart at a time) are of most value.

After cleansing the bowel, a good intestinal antiseptic should be administered to prevent further development of the trouble; calomel, one-tenth of a grain, and bismuth fifteen grains, prevent the germs from multiplying. Fortunately we have a much better means at our disposal. Suppose we have a diarrhœa and the stools are distinctly putrid, we know there has been fermentation, and that the germs producing it are living on proteid material; so keep that kind of material out of the bowel and starve the germs; there you have the keynote of the whole method of feeding. Starve the germs; do not try to get them out with chemicals. When the child has a putrid diarrhœa you must keep away from it all proteid material; keep away meat, fish, milk and eggs. Keep away those foods which are capable of undergoing putrefaction. Meat would not be given to a child of that age; fish would not be given to a child of that age; eggs would possibly be given, but milk would most certainly be given. Milk has been the chief diet of this child before it was taken sick, and the proteids of milk are what the germs in that intestinal canal are best adapted to live on. Above all things stop milk; the first thing to do in putrid diarrhœa. Do not be led into giving milk because the books tell you that it is a bland and non-irritating diet. That means nothing. We are not trying to save that bowel because it is in an irritated condition, but we are trying to prevent the formation of poisons, and therefore we will keep out of the bowel material from which they can be formed, and that is in this instance proteid material. Now, if we have to keep proteid material out what shall we put in? Anything which cannot support the obnoxious germs; anything which will starve them out and still be food for the child. The books tell us that in severe cases we should stop all food. If we stop all food we can certainly starve the germs, but it strikes me we are going to starve our little patient also, and put a strain upon him that is unnecessary. If we must take away meat, fish, eggs and milk, let us give him the starches and sugar. Many years ago Moore, of England, advised that these cases be fed on cane sugar exclusively. Such a diet is right; but you don't need to limit them to cane sugar; give them starches. I take a child six months old with putrid diarrhœa and give it arrow root, or rice, or crackers, or baked potato, but not milk. But you look surprised to hear me advocate potatoes and crackers—solid food in diarrhœa. When we have the theory of this disease that I have attempted to give you, that it is not due simply to an irritated condition of the bowel, why not give solid food? I assure you, from a personal experience of several years in this matter, that solid foods act most beneficially. Milk is a solid food; it is not liquid. It is only liquid before ingestion. The first thing that happens to it in the stomach is coagulation, so that it is probably more irritating from a mucous membrane standpoint than any amount of starch. We are told these babes cannot digest starch because they have no salivary secretion and no distinct pancreatic secretion. I will admit the physiological statement that their salivary and pancreatic secretions are both deficient, but I deny the other statement. It has been assumed that, because these two secretions are deficient, infants cannot, digest starch; but we all know of babies who have been given arrow root from their birth, and who have digested it perfectly, We all know that babies can and do digest starch; they do it daily.

Why, there is hardly a secretion in the body but is capable of digesting starch so that it can be absorbed. Right here I wish it to be understood that I do not advocate starch as a con-

tinuous food for infants, but I am speaking of its use for temporary purposes; it does help that child along when it is poisoned; it does serve a purpose with that child when we want to take away other kinds of food, and in giving starch we have the advantage of not depriving that little one of all food. How about predigesting the starch? We do not need to predigest the starch; the great bulk of children can digest starch, particularly the small amount necessary for our purpose.

I told you that milk was bad for this condition, but peptonized milk is worse. This preparation is generally bad. In the first place, it is peptonized by means of a pancreatic ferment. If you will experiment by putting some hard boiled egg in a solution of pepsin and hydrochloric acid, and leaving it over night at the temperature of the body in a suitable oven, you will find that it has not only digested completely, but that it has a peculiar odor that is not unpleasant; but take the coagulated egg albumin and put it with trypsin in an alkaline solution, and subject it to the same conditions, and you will find, as you open the incubator, that it has a distinct fæcal odor. If you leave it a few hours longer the fæcal odor will become stronger, and in a few more hours the odor will be unbearable The mass has become putrid. Now the action of trypsin upon proteid material is to break it up in such a way that the germs of putrefaction can thrive therein. They thrive readily in the products of tryptic digestion, but not readily in the products of peptic digestion. The milk partially peptonized by this pancreatic extract is only in a better shape to undergo putrefactive changes when it reaches the stomach and bowels. If you put it into a perfectly healthy alimentary tract, no harm will occur; but if you put it into a bowel that is already contaminated with putrefaction-producing micro-organisms, you have only helped those micro-organisms to the extent to which you have digested that food. Understand, I do not say that there are no conditions in which peptonized milk may prove useful, but am merely condemning its use in the putrid diarrhœa of infants.

Sterilized milk is good as a preventive, but of no value to give during treatment. Milk from the mother's breast does as much damage as milk from any other source. Other things being equal, I would rather treat an acute case of diarrhœa in a bottle baby than in a breast baby, because I can give the bottle baby just what I want to. Frequently I would take the baby from the breast for thirty-six hours, keeping up the mother's secretions by the breast pump, and feed the baby as I would like to; but we cannot always do this, and where I cannot do it I find that I do not get as good results in treating diarrhœa in breast-fed babies as in bottle-fed babies; I cannot cure them so quickly because I cannot feed them right. Such a procedure is only necessary in severe cases.

How long is it necessary to withhold proteid food in acute diarrhœa? Twenty-four hours will usually suffice to correct the odor of the stools; at the end of that time stools which have been rotten will have lost their putrid odor, usually, and at the end of forty-eight hours they will certainly have lost their putridity. In chronic cases, where there is already ulceration of the intestine, the putridity is maintained by something besides the intestinal contents. Let us say the putridity has ceased, what will occur? Almost always the stool will become sour; in other words, an acid fermentation which has been going on in addition to the putrid fermentation continues, so that we still have left a cause for diarrhœa, but we have transformed a diarrhœa, which was capable of causing nervous symptoms, into one which is only capable of producing local symptoms in the bowel; we have transformed a dangerous trouble into one comparatively simple. That is what has been gained by the method of feeding.

Remove the cause by purges, remove it by washing out the bowel, remove it by antiseptics, and above all by starving out the germs by withholding their proper food. We have removed the cause, how shall we repair the damage done? Ordinarily, with the removal of the cause, the child promptly recovers. But the matter is different in a severe case where the child has been seriously ill from a sharp attack of cholera infantum, and at the end of a few hours of illness is in a state of collapse; sunken eyes, sunken fontanelle, and pale, cold surface; rolling the eyes about, opening the mouth, showing the dryness of the lips, etc. What shall we do? Wash the bowel as far as it can be done for a double purpose, the one to remove from the bowel as much offending material as possible, although but little will be found; the other, to supply some of the fluids which have been lost. The water used should be as warm as can be borne. The peculiar depression must be combated by all possible means. First, by external heat in the shape of hot baths and hot blankets

wrapped about the child to stimulate it. Opium here is of great value; so also is belladonna; it directly counteracts the poison present, it is a stimulant to this particular condition. Another thing: If it is possible to get fluid of any kind into the child, do it. Because that fluid will pass out again through the bowel, possibly through the kidneys, and as it goes it will wash out some of the poison which is doing the harm. Our object in a case like this is simply to support life; we must counteract the poisons as well as we can by heat, belladonna, opium in small quantities and by washing out as far as we can through the process of elimination.

In chronic cases, those which have lasted three weeks or more, the greatest good is accomplished by regular daily lavage of the bowels. The use of intestinal antiseptics, particularly bismuth, is of considerable service. In long-continued cases, laxatives can only be used occasionally. While the diet is to be directed on the same lines as those already laid down, it need not be adhered to so absolutely.

Now then, to repair the damage done, we must meet the symptoms as they come up. If the child have fever, endeavor to meet the temperature by sustaining the chi d's strength with alcohol and by producing sweating. If the temperature be high, you can produce sweating in several ways. One way is to sponge the body over with almost ice-cold water, then wrap the child up well; there is an immediate reaction. The skin becomes red and soon there is profuse sweating. That can be done with a baby where it could not with an adult. So we take the temperature down, as in any other disease, but particularly do we look to the bowels as the source of the trouble in these cases. In those cases where the temperature runs up to 106° and 107°, and which are sometimes called sunstroke, the trouble is probably always in the bowels, and even after you have given a cathartic you are not through with the bowels until the symptoms cease.

For a number of years I treated these cases with opium. In the first place because of its stimulant effects, and in the next place because it relieves the pain and thereby strengthens the child. If used in the shape of Dover's powder, it acts as an eliminant and we have some of the poisons thrown out, and in general it is a direct antidote to the poison, so that the use of opium amounts to treating the poison by a direct antidote instead of treating the disease by getting rid of the poison. It is not so illogical as one would imagine, but I don't think the treatment is good; relapses, so-called, are more apt to follow the opium treatment than the plan which I have outlined.

Never treat a case of putrid stools, but be kind enough to treat the baby who is unfortunate enough to have those putrid stools. The child may be passing the most abominable stools, and yet it may be well, happy and lively, Such cases are going to do well enough if let alone. It is not simply the putridity that directs you to interfere, but the continued severe nervous symptoms accompanying it.

RADIUS FRACTURES.—Dr. J. B. Roberts in a paper read before the American Surgical Association concludes concerning the treatment of uncomplicated fractures of the base of the radius: Fractures of the lower end of the radius vary comparatively little in their general characteristics, because but one form is usual. Muscular action has but little, or nothing, to do with producing or maintaining the deformity. Immediate reduction of the fragments is the essential of treatment. Many of the splints devised for the treatment of this fracture have been constructed in ignorance of the pathology of the condition. The ordinary fracture of the lower end of the radius usually requires no splint and should be dressed with a wristlet of adhesive plaster or bandage. When a splint is required, a narrow, short, dorsal splint, fixing the wrist, is all that is necessary. The method of dressing here advocated is the best, because it annoys the patient as little as possible by avoiding cumbrous appliances, and permits free voluntary movements of all the finger-joints. Passive motion is unnecessary until union has occurred and the dressings have been finally removed. Good use of the wrist and fingers is early obtained, and the anatomical conformation is restored as well as, and perhaps better than, by other more complicated dressings. Old fractures, which have been improperly treated by omission of immediate reduction, may with considerable success be subjected to refracture at the end of six or more weeks. At later periods readjustment may be possible only by osteotomy, which is a legitimate means of treatment.

BALSAM COPAIBA AS A SURGICAL DRESSING.—Dr. A. W. Cain, of Almy, Tenn., reports excellent results ("Med. Brief") from the local use of balsam copaiba in sloughs after burns.

HYSTERIA IN AN EIGHT-YEAR-OLD BOY.*

BY SAMUEL AYRES, M. D., PITTSBURG.

The infrequent occurrence, or perhaps recognition, of hysteria in young children induces me to report the following interesting case:

William T., eight years old, had good family history and previous good health. In the early part of December, 1891, while attending school, he became involved in a quarrel with four boys, who pitched upon and struck him about the face and head, there being left, however, no visible bruises or marks of injury. Immediately after returning home that evening he complained of severe headache, not specially localized. This continued without abatement for about two weeks, when the family physician, Dr. Wallace, of Ingram, was consulted. After treating the patient a few weeks there was still no improvement in the headache, but otherwise the boy's general condition was not much impaired. He had not been allowed to attend school since the accident, but played about the house, had a fair appetite, bowels were regular, and there was no abnormal variation in temperature or pulse. But he was pale, and complained of almost constant headache. On the advice of Dr. Wallace, his eyes were during this time examined by Dr. Geo. W. Allen, who found a low degree of astigmatism and prescribed glasses.

On the morning of January 17th last, the boy had a fainting spell before breakfast and became pale, weak and languid, complaining severely of the usual headache. At that date Dr. Wallace referred the patient to me, and the boy was brought to my office on the 18th of last January. A careful examination was made. Mentally the boy seemed clear, and gave prompt an wers to all questions. His face was rather pale, the pupils widely dilated, contracting slightly to bright light. The tongue was extruded straight, and not much coated. The pulse about 80°, temperature normal. No abnormal motor or sensory phenomena were noted. The optic discs were normal. The urine contained neither albumin nor sugar.

The headache, of which he only complained, was referred to the vertex and forehead. The nature of the case was not entirely clear to me. The cause was obviously connected with the injury to the head, as he had been perfectly well up to that time. I therefore inclined to the opinion that the case was one of simple neuralgia, or else a slight injury to the cerebral membranes, perhaps a localized patch of congestion in the frontal region.

On this theory I prescribed small doses of sodium iodide and sodium bromide; also one grain of ergotin three times daily, and blistered each mastoid process. In three or four days the boy was brought back to my office without any improvement in the headache. The same treatment was continued excepting that ⅛ grain protiodide of mercury was substituted for the ergotin. A mild galvanic current was passed for a few minutes from forehead to occiput. The parents were directed to discontinue this treatment in two days if he were not better, and to give tablets containing three grains of antipyrin every three hours. The day following this I was summoned in great haste by the father to meet Dr. Wallace, the former stating that he thought his son was dying. It seems the lad complained of being sleepy and tired, and sitting on a rocking chair apparently went to sleep, but at once exhibited some general convulsive movements, and became wildly incoherent. When Dr. Wallace and I arrived, the boy was in bed and appeared rather bright and talked rationally. His pulse was about 90°, temperature normal. He complained, as usual, of the headache. When questioned as to the spell he had just had, he seemed to remember nothing about it. Very soon he was seized with one of these paroxysms, consisting of symmetrical clonic spasms of the forearms and hands, the same spasmodic movements passing to the lower extremities, the whole attack lasting scarcely a minute. There was apparently no loss of consciousness; no frothing of mouth; no change in the color or expression of face. At another time there would be a rapid turning of the head from side to side, or contortions of the entire body, or opisthotonus, accompanied by profane utterances, or other incoherent outbursts, terrifying and shocking his parents. We withdrew the iodide, increased the bromide to 10 grains every three hours, and gave a little tr. of opium and aconite. Broths and other concentrated nourishment were given and accepted at frequent intervals. At our consultation the following day the boy was rather worse. The paroxysms, above described, had been more severe and frequent. The breathing at times had been irregular and jerky, diplopia had been observed. The head was occasionally

*Allegheny Co. Med. Soc. Trans. Cond.

retracted and bored into the pillow. The parents stated that he had been very "flighty"; that at times his eyes were glassy and upturned, and that they thought in one of these spells he would die. He had taken nourishment and slept fairly well, though during sleep there was much muscular twitching and catching respiration. When we entered the room the boy greeted us, and smiled and talked intelligently. We soon got him out of bed and tried to have him walk. His gait was very unsteady and he settled well back on his heels, inclining to fall backwards. But with assistance he walked some.

Replacing him in bed and retiring from the room we silently observed him through the slightly opened door. In a few moments he had one of the paroxysms above described. Gliding in swiftly, I pressed firmly on the supraorbital nerve. The boy immediately ceased his contortions, cried with pain, and said I had hurt him. We desired no further proof of the nature of the case, and the subsequent history confirmed the diagnosis. On appropriate treatment, of tonics, outdoor exercise, and the ignoring of his headache by the family, the boy gradually recovered, only once after having a hysterical attack, which was promptly arrested by the same means.

The fact that the patient was a boy, that he was so young, and that the headaches seemed to be of traumatic origin, quite misled us for a short time as to the real nature of the trouble.

TREATMENT OF CHOLERA INFANTUM.—The "Medical World" states, anent the treatment of cholera infantum, that in the acute dyspeptic diarrhœa, indigestible substances are generally present in the alimentary canal, with a serious interference of function. It is usually sufficient to remove the offending matter, either mechanically, by washing out the stomach and the colon, or medicinally, by the use of emetics and cathartics; then quiet the disturbed system by rest, soothing and slightly antiseptic medication and gradually allow the functions to be resumed by giving small quantities of easily digested food. The means of subsequent prevention of the recurrence of this trouble are self-evident—do not allow the child to have what is not suited to its digestive organs. In acute entero-colitis inflammation exists, with consequent interference of function, which should be treated upon well-known general principles. Give aconite and other similar remedies, and employ counter-irritation for the inflammation, antiseptics and mild astringents for the diarrhœa, and flush the canal when required, to remove impure material, which quickly accumulates in an inflamed bowel. Ice in the mouth and the cool bath are of great use to relieve appropriate symptoms—as great thirst and restlessness—in all these conditions. In true cholera infantum, however, there is a profound affection of the nervous system, besides (or perhaps causing) the local flux from the intestinal membrane. To re-establish the integrity and control of the nervous supply governing the digestive tract is to cure the disease. For this purpose the hypodermic injection of morphine and atropine is rapidly efficacious. Here, again, intestinal antiseptics are also necessary, as an intestinal tract so seriously affected is likely to develop putrefactive changes, even though the essential disease be relieved. The symptoms of cerebral affection or "pseudo-hydrocephalus" are best relieved by nitrate of potash. Intestinal antisepsis is a very important factor in the treatment of all diarrhœas of infantile life. Lactic acid in one half to one minim doses, copper arsenite in one-five thousandth to one-thousandth grain doses, frequently repeated, zinc sulpho-carbolate in one half to two-grain doses, calcium sulphide, one-twentieth grain, are all useful for this purpose. So, also, are small doses of calomel, mercury bichloride or mercury biniodide. In India, salol has given excellent results in cases of true cholera. It is given to adults in fifteen grain doses every three or four hours; to infants in proportionate doses. Some practitioners in that country, however, report its complete failure in their hands. The balsamic and camphoraceous antiseptics also have a favorable effect—as camphor, eucalyptol, menthol, rhymel, etc. Cannabis Indica must not be forgotten as a valuable remedy, especially in the "green diarrnœa" of infants. In all diarrhœas of children the value of flushing the colon must not be overlooked. It removes the products of putrefactive processes, which would otherwise be absorbed to poison the system. It is accomplished best by means of a fountain syringe and a long soft rubber tube. The child receives the enema in the relining position with the hips slightly elevated. From one to three pints should be used. The water should be hot, and should be charged with an appropriate antiseptic. Zinc sulphocarbolate and chloral hydrate are preferable.

COPAIBA IN HEPATIC ASCITES.—The use of copaiba in dram doses in hepatic ascites has been revived in Europe.

TRICHINOSIS OR WORMS.*

BY L. N. LIVESAY, M. D., PATOKA, ILL.

Trichinosis is one of the rarest diseases known to the profession in this part of the country, so far as my experience in twenty-four years is concerned. I have met with only two cases, which it is my purpose to report at this time. Niemeyer divides the life history of the parasites into three stages, namely, intestinal, migratory and encapsulation. The intestinal stage is where they have been set free by digestion, and are propagating their young. The migratory occurs when the young are reared, and have gone through the intestines into the muscular system. In this stage the life of the host, be it animal or human, is in most imminent danger. The stage of encapsulation is nature's method of cure. As soon as the parasites have invaded the muscular system nature begins her work of enclosing them, and, if they are not too numerous, this work may be completed before the strength is exhausted, and consequently the patient recovers. In this disease some leading symptoms are almost always present, yet they are by no means uniform. After the ingesta of trichinous meat in a day or two there will be some uneasiness, pains in different localities of the body; closely following this vomiting may occur, to end when the stomach is emptied, or continue for several days, colic with indigestion and intestinal distension. The stools may be natural, there may be diarrhœa or constipation, but more often diarrhœa; when it occurs the stools are light colored and watery. After a few days fever supervenes, usually of a remittent type; the pulse is quick, small, and early shows a tendency to weaken, ranging from 90 to 140. The symptoms of muscular invasion do not occur earlier than the tenth day, and are evinced by œdema, muscular rigidity and hyperæsthesia.

Coincident with this occur fever, scanty and highly-colored urine, profuse perspiration without reduction of temperature. Temperature sometimes reaches 106°, pulse ranges from 120 to 140, insomnia, with twitching of smaller groups of muscles, and death closes the scene by exhaustion from intercurrent disease. When convalescence takes place there may be noted less œdema and rigidity, subsidence of fever and perspiration, and return of appetite.

November 18, 1891, Mr. O'Niel brought to my office his two little girls, aged 5 and 3½ years. In my absence Dr. W. W. Murfin examined the children, diagnosed worms, and so prescribed. November 21 I was asked to see the children, and found them in bed, with flushed cheeks, some fever, white around the mouth, coated tongues, foul breath; there was picking of the nose, some fulness of abdomen. The prescription brought three large worms from the older child and two from the younger. I concurred in Dr. Murfin's opinion and renewed prescription—calomel, santonine and rhubarb. November 22 children much the same; the elder passed two more worms and the younger one. Continued prescription, and left with direction to be called if thought necessary. Three days later found them much the same as on last visit; no results from last prescription; yet I thought the cases purely one of worms, and prescribed oil of chenopodium; continued worm prescription until December 3d, when children were no better, and no results from any of later prescriptions. I became convinced that the children had trichinosis. December 4 I elicited from the mother that her children had eaten raw pork all their lives. Their illness began some time back, after having partaken of some obtained from a butcher shop. At this visit there was considerable œdema and rigidity of extremities in both children; bowels regular but tender to the touch, appetite good, urine normal; temperature in older 100°, in younger normal; complained of fleas biting them. This symptom lasted throughout the illness. I informed the mother her children had trichinosis and would probably die. I prescribed tonic doses of cinchonida and warm salt baths, which were continued to the end. December 5 I asked Dr. Murfin to visit patients with me. After examining them he concurred in my diagnosis. At this visit flush had left their faces, and instead a peculiar pallor had appeared never seen before by me. The temperature in the elder was 101°, in younger 100°. They were somewhat restless; some perspiration; appetites good; bowels regular; no nausea. I continued tonics. December 6, temperature in elder 101°, younger 100½°; no appetite; profuse perspiration, diarrhœa dark and offensive; pulse 120 and weak; stimulants for younger. I gave Dover's powder for insomnia in each, and for diarrhœa in younger; continued tonics.

December 7, no material change in either; continued treatment. December 8, temperature in elder was 100°; younger 101; perspiraton in both, profuse in younger; diarrhœa in younger; no appetite in either; pulse in elder 100, younger 140. I ordered tonics, Dover's powder and stimulants, milk for both, all they would take. December 9, no change in older one; in younger increased weakness. I continued treatment.

December 10, elder resting better; younger one growing weaker. December 11, no material

*Read at the June meeting of the Marion County Medical Society at Kinmundy, Ill.

change in either. December 12, the elder appeared better but rejected all medicine, temperature 98°, pulse 90°, perspiration not so free; younger, temperature 101°, rejected all medicine, diarrhœa and profuse perspiration. I ordered all the milk they would take. December 13, elder one resting better, appetite improving, still sweating. December 14, elder, symptoms still improving; younger growing weaker. December 15, elder greatly improved in every way; younger in a dying condition. December 16, younger died at 11 P. M. December 17, an autopsy was made at which Drs. Murfin and Morton of Vernon, Illinois, and Drs. Murfin and Rodgers of Patoka, Illinois, were present. Dr. Murfin of Patoka dissected a small part of the gastrocnemius muscle. Dr. Murfin of Vernon prepared a small piece about as large as a garden pea and placed it under the microscope, and in a single field of vision we counted eight trichinæ. This confirmed the diagnosis. The symptoms in this case were not uniform. The prominence of the worm symptoms, and the fact that both children under treatment passed worms led me astray for several days. The elder child continued to improve, began to walk again February 27, 1892, and is now perfectly well.

DR. SELDEN H. TALCOTT of the hahnemaniac insane-hospital at Middletown, New York, accounted for the pregnancy of one of his patients by the theory that the pregnancy was a protracted one three years in length. The inventive stupidity of this claim has been outdone in a case now on trial in an Italian court. An Italian nobleman returned from travels of four years duration to find his wife the mother of a two-year-old child. The mother claims she was visited by her husband's "astral body" during his absence, whence the child.

DR. GEORGE M. GOULD, of the Philadelphia "Medical News," offers $100 for the best essay on homœopathy, showing up the ridiculous pretensions of modern homœopathic practice. The essay should not contain over 15,000 words, and in simplicity and directness should be adapted to the commonest lay understanding. Papers should be sent on or before January 1, 1893, typewritten, without the name of the author, but accompanied with a sealed letter, giving the author's name with motto or nom de plume.

"DR." OREGON CHARLEY, an itinerant "Indian" medicine vender, was arrested in Maryland for practicing or attempting to practice medicine or surgery in this state without first having attained the license of the boards of the medical examiners and not having been a practicing physician in Maryland April 2, 1891, as required by law. His defense was that he was not practicing medicine, as contemplated by the law, but simply selling medicine manufactured by a firm in Pennsylvania; that the law did not discriminate between physicians practicing in another state, and the state of Maryland prior to June 1, the time the law went into effect —and if it did it was unconstitutional; that the state had utterly failed to bring the party accused within the terms of the law, by failing to prove that he was not a practicing physician, even in the state of Maryland on June 1, when the law went into effect, and that it was incumbent, on the prosecution to prove such fact as to make out its case. The judge decided for the state on the first two points and for the prisoner on the last point thus acquitting him. The case will be appealed, but this is useless as the last point is a matter of evidence without which no case could stand.

DR. BENJAMIN RUSH in his "Diseases of the Mind" (published in 1825) expresses the following opinion anent inebriety:

The remedies for this disease have hitherto been religious and moral and they have sometimes cured it. They would probably have been more successful had they been combined with such as are of a physical nature. For an account of these the reader is referred to the first volume of the author's "Medical Inquiries and Observations." To that account of physical remedies I shall add one, and that is, the establishment of a hospital in every city and town in the United States for the exclusive reception of hard drinkers. They are as much objects of humanity and charity as mad people."

THE "orificial" surgeons "cure" moral insanity by cutting out the rectal "pockets" of the victim. During the discussion on "reflex neuroses" in the Neurological Section A. M. A., Dr. J. G. Kiernan said that this "orificial" action did not hold good with Chicago reporters. He knew several who had had their "pockets" cut by the "orificialists," yet remained as great "pathological liars" as before.

THE St. Louis Medical Society has refused to admit any more female physicians. It has one female member who takes no part in the discussions. The members concerned in the rejection of female physicians claim that they should form a society of their own. Among the advocates of this view is the "Medical Mirror."

SIMARUBA IN ACUTE MALARIAL DYSENTERY.—Dr. Chas. Chassaignac has found ("N. O. Med. and Surg. Jour.") simaruba of value.

GONORRHŒA.

BY JOHN A. WYETH, M. D., NEW YORK CITY.

Gonorrhœa should be treated as if it were an acute abscess; that is, by drainage, with just as much asepsis as possible. Let the urethra hang downwards, with a bag of some sort loosely attached to it to catch the discharge. Do not have it tightly bandaged or plugged up with cotton. In a specific urethritis, where the inflammation has extended into the deeper layers of the epithelium, the various bichloride and zinc injections are not likely to do much good. In an ordinary, non-specific urethritis, however, where the inflammation is superficial, injection has good results. There are certain remedies which will increase the amount of urine and render it aseptic, so that the bladder can be used as an irrigator in gonorrhœal inflammation. Among these remedies is boracic acid, or, better still, the oil of gaultheria. This drug will absolutely sterilize the urine. Five or six drops can be given every three or four hours. During the later stages of the inflammation, mild solutions of the sub-acetate of lead can be used, which will help keep the urethra clean. A syringe with a short nozzle should be employed, so as to only just enter the meatus. The injection should be of moderate size, so as not to over-distend the urethra. During the acute stages, I instruct my patient to take a warm sitzbath night and morning. When the acute stage has subsided, the administration of some of the so-called blennorhetics will be found beneficial. I have found the capsules containing Santal-midy, a preparation made from sandal-wood, a very good thing. I consider these superior to the old-time cubeb preparations, which are liable to disturb digestion.

ADYNAMIC PSYCHOSES according to Dr. J. G. Kiernan, are those which arise on the basis of the adynamia produced by essential and other fevers, toxic agencies and other causes. The primary confusional insanity of Spitzka occurs among these psychoses. As Rosenbach has shown, these psychoses bear considerable resemblance to the period of transformation of paranoia so that some alienists have designated it an acute paranoia. During ten years of insane-hospital and private practice in Chicago, Dr. Kiernan has observed one hundred and three cases thus (Table 1) divided as to ætiology and the races in which they appear.

ADYNAMIC PSYCHOSES.	Anglo-Saxon.			Celtic.			German.			Scandinavian.			Latin.			Sclavonic.			Hebrew.			Negro.			Total.		
	M	F.	T.	M	F.	T.	M	F.	T.	M	F.	T	M	F.	T.	M	F.	T.	M	F.	T.	M	F.	T.	M	F.	T.
Acute Alcoholic	..	3	3	4	9	13	2	1	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	6	13	19
Post Operative	1	1	2	..	1	1	..	1	1	..	..	..	..	1	1	..	..	..	..	1	1	..	..	..	1	5	6
Acute Choreic	..	1	1	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2
" Glycosuric	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
" Gouty and Lithæmic	1	1	2	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	1	3	4
" Hysterical	..	6	6	..	7	7	..	6	6	..	..	..	..	..	..	..	..	..	..	1	1	..	2	2	..	22	22
" Luetic	2	..	2	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	3	1	4
" Opiophagistic	1	1	2	1	1	2	1	1	2	..	..	..	..	..	..	1	..	1	1	1	2	..	..	..	5	4	9
" Phthisical	2	3	5	2	1	3	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	5	4	9
" Post-Febrile	1	..	1	1	..	1	1	..	1	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	3	1	4
Primary Confusional	3	6	9	2	4	6	2	2	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	7	12	19
Rheumatic	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1	1	2
Toxic	..	1	1	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2
TOTAL	12	24	36	10	24	34	9	12	21	..	1	1	..	1	1	1	..	1	1	4	5	..	4	4	33	70	103

TABLE 1.

POTASS. CHLORAT. IN RECURRENT ABORTION.—Dr. E. S. McKee ("Amer. Jour. of Obstet.") reports several cases in which fifteen grains thrice daily of pot. chlorat. was attended with excellent results in recurrent abortion.

"SUCCI" the "faster" has become demonstrably insane, whether from an underlying paranoia, the cocaine used by him as a sustenant, or from exhaustion, or from all three factors combined, remains to be determined.

JUDGING from the results of the autopsy the following remarks of the New York "Commercial Advertiser" are close within the bounds of truth:

"Poor young Dr. Scudder. His case was one for hospital, not jail treatment, and he would have had it anywhere but in Chicago."

Editorial.

THE Detroit meeting of the American Medical Association was the most successful in its history from every standpoint. The scientific work of the sections was of an unusually high character. Even the moribund dermatological section leaped into new life and exhibited a scientific spirit that places it on a par with any body devoted to the study of dermatology. The days of the medical politician are evidently numbered since the scientific workers of the sections have been placed at the helm by the beneficent amendment introduced by Drs. J. S. Marshall of Chicago and Leartus Connor of Detroit. This amendment, although deprived of its force to some extent by the removal of the nominating power, places most business under charge of the executive committee of the sections. The bear-garden performances which annually disgrace the association will soon become a mere matter of history. The indications of the times point to a revision of the code and the establishment of a modus vivendi with the New York State Society. The high-handed action of the Judicial Council in the expulsion of Dr. Potter excited widespread indignation, and will probably lead to the abolition of that source of pompous senescent platitudes. Its existence and autocratic powers cast serious reflections on the intelligence of the Association. The address of President Marcy, with its high ideals, its courteous, suave style, its delicately worded yet forcible plea for tolerance and revision of the code, was a credit to the Association. President Marcy has borne himself well under circumstances calculated to try the patience of a Job. With senescent reminiscences setting parliamentary law at defiance and thereby provoking the well-meant but illy-regulated turbulence of veterans in medical science, Dr. Marcy's task was one which might try the diplomacy of Talleyrand, and was conquered with the courteous suavity of the American gentleman Dr. Marcy has shown himself to be.

THE action taken by the Association in regard to the West Virginia resolutions was decidedly in the right direction. There can be no doubt that railroads have taken undue advantage of the charitable tendency of physicians to render gratuitous services to victims of accident, and have saved money by refusing to pay any one but their own surgeon. Some New York physicians have attempted to remedy this evil in a Spartan manner by refusing to treat such emergency cases. This course, while legally and morally justifiable (since a physician is under an implied contract with his regular patients who have the first right to his services), tends to cast discredit on the profession. These and other questions arising out of railway surgery should be relegated to the section on that subject soon to be created. There is no good reason why the profession should bow down to corporation plutocrats, who notoriously "have no souls."

WHILE the "Journal of the American Medical Association" has improved decidedly from a financial standpoint, its editorial work is below even the standard of the previous editor; the most namby-pamby of whose platitudes were at least dignified, which is more than can be said of many recent editorials. The previous editor showed some slight skill in the selection of collaborators, which as a rule is demonstrably absent from the present management. Some articles admitted during the present regime bear decided evidences of having been written, if not in an insane-hospital, at least by a paranoiac with delusions of persecution by electricity. Several pages are wasted in platitudinous slush about the decadence of "Our Republic," which no self-respecting newspaper would admit to its columns. Some editorial supervision should be exercised over these matters. With all its defects, the previous editorial management herein was far superior to the present. The American Medical Association is rising in scientific status, but its "organ" is as rapidly sinking in professional estimation. Papers published in it are as effectually buried as in a graveyard or an editorial waste paper basket. Every section of the Chicago medical profession has excellent editorial material, but except to a very slight extent under the previous editorship this was never utilized. The importation of a cheap medical Philadelphia snob as editor was one of the multitudinous short-comings of the first administration.

THE nihilists of Russia neglected a great opportunity when they did not go into the patent medicine business. An engineer named Gatchkowsky traveled into the land of the "astral body" and the "mahatmas," Thibet, and there

obtained an "elixir of life." He called it "vitaline," and was paid at a high rate for it by "all the leading nobility, business men and (as he tried the orthodox dodge) by the clergy." The prefect of St. Petersburg died from "vitaline," whereupon nihilism was suspected. Gatchkowsky was arrested, and "vitaline" was found to be neither nihilistic nor mahatmic but a plain every-day mixture of glycerin and borax. Russia can't endure nihilistic executions of itself but the patent medicine autocracy has its privileges, wherefor Gatchkowsky was released although the killing of a prefect by anyone else would have resulted in Siberia and the knout for scores of persons.

THE position taken in the June MEDICAL STANDARD anent medical fees has been scurrilously assailed by two daily sensation scavengers of Chicago. Their action is in marked contrast with that taken by the "World" and "Times" of New York. The "World," discussing this question as it arose in Dr. Polk's suit for services, says:

A New York jury called on to decide whether a physician summoned from New York to Atlanta for special advice was justified in charging $250 a day for his time and services was unable to agree on any higher figure than $150 a day. Doubtless even this amount will seem unreasonable to many, for the old belief still lingers that a doctor ought not to get rich from his practice. However comfortable this belief may be for those who hold it, the doctor himself is entitled to a voice in any agreement involving the use of his skill and experience. It is not fair to compel the physician to establish his reputation and to allow the patient to fix the fee. It is a curious contradiction in human nature that the bill which is least willingly paid is the bill of the gentleman who has saved one's life.

The "Times," with equal truth and fervor, says:

In the case of the physician the ready explanation is that when he is summoned, the people who summon him are too deeply moved by their emotions to have a thought of such practical things as fees. To be consistent, however, their emotions should control them until the fees are paid. As a matter of fact it does not make life much harder to live, or death and sickness much harder to bear, to ask one practical question even when burdened by grief; and any competent physician will always be found perfectly willing beforehand to state the value he places on his services. It would be awkward, though, for him to name his price when not asked to do so.

It is not likely that any New York physician will regard this sum as exorbitant, and probably most of them look upon the original bill as perfectly fair. It must be remembered that a physician's life is generally more than half spent before he begins to earn a bare living. If he starts his medical studies as soon as he has finished the essential academic course in college, what with the year or two of additional study abroad and the hospital practice that every young physician who hopes to make his mark must have in these days, and the more or less patient waiting for general practice that is always the lot of the beginner, he is thirty-five years old, or older, before the return for his labors begins to come. He must, moreover, keep abreast with the new discoveries and new theories if he hopes to retain his practice and increase it; his studies never cease, his hours of labor are not fixed like the artisan's and the clerk's, he sleeps when he can, and in curing others he often injures his own health. The physician is surely worthy of his hire. When his charges for work that requires great knowledge and the finest kind of acquired skill seem too large, it is well calmly to consider all the circumstances.

It administers the well-deserved rebuke to cant too prevalent among certain "fee-cutters," which does much to keep medical fees at starvation rates:

The Atlanta physician who had charge of the case in which the New York physician was called in consultation testified that he received only $300 for all his services, and that $500 would have been sufficient for the consulting doctor's fee. But when the case seemed to be at its worst there was a call for "a New York doctor." It costs more to be a doctor in New York than in Atlanta, and it costs a great deal more to live and practice here after you have become one. Obviously, a New York physician is a better judge of the value of his own services than one in Atlanta.

The New York "Times" is a newspaper. The Chicago sheets are "write-up" "organs" of real-estate speculations, patent-medicine "fakers" and other financial uncertainties.

SEVERAL homœopathic exchanges are greatly exercised over the alleged dishonesty of the New York "Medical Times" in attempting to extirpate the advertising sectarian label. The charges made by that ably conducted journal anent hahnemaniac duplicity are fully established by the appearance of the following advertisement in the columns of that embittered defender of hahnemanianism, the Chicago "Medical Current":

Orange Blossom, a positive cure for all female diseases. Some symptoms: A tired, languid feeling, low-spirited and despondent, with no apparent cause. Indigestion, headache, backache, bearing down pains, pain across the lower part of bowels, with great soreness in region of ovaries. Tumors, bladder difficulty, frequent urination, leucorrhœa, constipation of bowels, piles. With all these symptoms, patient nervous and irritable. The Orange Blossom treatment removes all these by a thorough process of absorption. A local application, perfectly harmless, which every lady can use, herself. Medicines taken internally will never relieve the many forms of female weakness. The remedy must be applied to the parts to obtain permanent relief. A plain talk to ladies in our circular Ask your druggist for one, or send two-cent stamp to home office for sample box and circular. Every lady can treat herself. O. B. Pile Remedy, O. B. Catarrh Cure, O. B. Stomach Powders, O. B. Kidney Cones. $1.00 for one month's treatment.

Advertisements of this kind demonstrate the use of such patent medicines by hahnemaniacs of the "Medical Current" stripe.

THE acme of newspaper absurdity is reached by the following dictum enunciated in a usually well-informed Chicago paper:

Insane men may exercise ingenuity in concealing their crimes, and may in many ways render it extremely difficult to detect their madness, but insane men never commit suicide.

THE Minnesota Medical Society has taken the best possible means to place the medical profession of that state under the heel of the judicial demagogue by urging the legalization of a court system of experts. This, as was shown by the late discussion in the Chicago Medico-Legal Society, has practically proven a failure on the continent of Europe. It would result in experts being appointed at the dictation of the press. Sensational "write-ups," paid for antecedent to malpractice suits, would then inevitably mulct the physician victims of such suits.

LEO XIII. is very sceptical about "faith cure," to judge from the following anecdote: A French lady of high social station recently obtained an audience from the pope and informed his holiness that she had procured one of his stockings, put it on her diseased foot, and was cured. "Madame," replied the pope a little maliciously, "fortune has been very kind to you. You need only put on one of my stockings and your foot is healed, while I put on both my stockings every morning and I can hardly walk."

DR. C. D. PALMER, of Cincinnati, in a recent address ("Ohio Medical Journal") thus re-echoes the denunciations of the abuse of gynæcology by Goodell, Emmett and the neurologists:

Many pages might be written concerning modern gynæcological abuses. Every department of medicine and surgery has been subject to abuses. Intra-uterine medications, the Emmett's operation of trachelorrhaphy, Sims' operation of cervical discission, Battey's operation of oöphorectomy, and not a few other operations by laparatomy, and vaginal hysterectomy, have each and all been abused. No rational physician will, however, for a moment, attempt to assert that these surgical procedures have no place in practice, and should be ignored. Well would it be, if every medical man would carefully consider the supposed curative effects of operations *per se*. Medical records are full of them. The psychical influences at work are, at times, a most interesting study. The power of the body, especially the pelvic organs, upon the mind, is ever to be held in view. Always endeavor to avoid developing a neurosis, through introspection, especially in mobile patients. The modern tendency of to-day is to make many of the female pelvic operations on a very small pretext—made unnecessarily, either for life, comfort, or the preservation of health. Many of the well-recognized failures of oöphorectomy and salpingo-oöphorectomy have followed operations done for hystero-neuroses, under a mistaken diagnosis. Doleris claims that four-fifths of the oörphorectomies done in Paris have been unnecessary. How many times unnecessarily, in this country, no one can tell.

DR. WEIDERHOLD, director of the Cassel (Ger.), nervine hospital, has decidedly Spartan views as to the treatment of hysteria. He admits that he boxed a hysterical female's ears, beat her with a stick, and whipped her because she screamed and moaned as though she was suffering great pain. She was suffering from hysteria, and her pains, the doctor said, were entirely imaginary. The punishment he inflicted upon her, he contended, was the best treatment for hysteria, and everything he did was for her benefit. It is gratifying to learn that such heroic treatment of hysteria was rewarded by three months imprisonment. No American physician would be capable of such performances.

THE "American Institute of Homœopathy" had too much of a concealed scientific atmosphere for certain honest victims of hahnemania who thereupon seceded and formed the "International Hahnemannian" Association. These ultra-orthodox disciples of Hahnemann have, to their honor, expelled their president "Dr." James B. Bell, for heresy. He is accused of decidedly bizarre and somewhat contradictory lapses from the faith. He is charged with teaching "christian science" doctrines, with unduly advocating the use of surgical procedures, with advocating vaccination and finally with teaching that tapeworm is a parasite not a "dynamic result of the human organism." As "Dr." Bell evidently has been a "go-as-you-please" practitioner he merited expulsion since in joining the Hahnemannian Association he agreed to abide by its laws. Until they were repealed he was bound by this contract. His course as an honest man would have been either to secure their abolition, or, failing in this, to resign. Certainly under admitted legal decisions he was guilty of false pretenses in obtaining money for other practice than that laid down in the Hahnemannian Association code.

AN ophthalmological operation which converts the Mongolian into the Aryan eye is much patronized by the Japanese. A Japanese ophthalmologist claims ("Sei-i-kwai Medical Journal") that the difference between the two types is not caused by either the size of the eyeball or the color of the iris, which are practically the same in both, but results from the shape of the eyelids. The fold of the skin covering the inner slit of the lids is rare in adult white persons, but exists physiologically among the Japanese, so that it is sometimes called the Mongolian fold. In the

majority of cases this fold runs obliquely inward and downward from the upper lid, so that the inner angle of the opening is not round, as in white people, but sharp. When the fold is large it spreads to the inner part of the lower lid, in which case the upper lid does not cross the eyeball horizontally but obliquely, giving the peculiar expression to the eye often met with in the Chinese and Japanese.

THE "British Medical Journal" says with equal force and truth anent the stupid mendacity of the one-year practitioner just now health commissioner:

It is not by denials of the capacity of Chicago doctors to diagnose a disease so easily verified, nay, so difficult to mistake, nor by minimizing the serious import of facts respecting the water supply, that needful sanitary works can be executed. The lake water and its derivatives, and the potable compounds into which it enters, must continue to be regarded with just suspicion until such works are executed.

Unlike other cities, Chicago has had a gradually decreasing death rate with an increased typhoid fever rate. This typhoid fever rate varies so greatly, moreover, in different parts of the city as to indicate that local conditions, other than the water supply, exert an influence. As the MEDICAL STANDARD pointed out five years ago, the speculative atmosphere also causes mental phenomena in many diseases which simulate typhoid mental states. Under the asinine enforcement of the contagious diseases ordinance many of these are no doubt reported as typhoid fever—not because physicians do not know better, but because they prefer not to subject themselves to the contumely of callow health inspectors. This factor, fully considered, however, does not account for the disproportionate typhoid fever rate to deaths from all causes and to the decreasing death rate. The bad management of street and alley sanitation explains many cases. Here remedies can be immediately applied. The general health of Chicago will, however, compare favorably with that of New York and most of the cities in the British isles and on the continent of Europe. With the precautions adopted at home visitors to Chicago will have the same life expectancy at least.

DR. A. P. BROWNE, of Ft. Worth, Tex. reported (MEDICIL STANDARD, Vol. X) a case of genital precocity in a three-and-a-half-year-old boy. Dr. Pla, of Havana, Cuba, reports the case ("Doctor's Weekly") of a boy of three years and ten months with abnormal development of the genitalia. The father of this boy is a robust man fifty-six years old, twice married, having had six children with the first wife, and fifteen with the second, who is still living. Of his twenty-one children, nineteen are alive, sixteen males and three females; this one being the thirteenth child of the second marriage. When nine months old, this child had a continued fever that lasted two months. Since then began the abnormal development. His physiognomy is that of an adult, which makes a great contrast with his height, 45 inches; weight is 60 pounds. The intelligence is below normal for a child of his age. In regard to the genital organs, the penis, in a flaccid state, measures 4 inches, and when erect, 5 inches; its circumference then is 4¼ inches. He has frequent erections, which are provoked at the least contact, but has no ejaculation. All the pubis is covered with hair. The testicles are unusually large, especially the left one, that measures 3 inches in length by 5 in circumference. The larynx has also an abnormal development, the tone of the voice being basso profundo or low base, and the words sometimes do not seem human. He has no hair under the axillæ, but a dark shaded line is shown over the upper lip, formed by very tiny, silky hairs. When one year old he had all his teeth changed, that is, his permanent set of teeth are to-day like those of a boy fourteen or fifteen years old.

DR. THEODORE MEYNERT the celebrated Austrian alienist and cerebral anatomist, died May 30 at the age of 59.

THE month of June ("Doctors' Weekly"), although it is more popularly known as the month of roses, is also known as the month of suicides, for it is at this season of the year that the suicide rate usually reaches its maximum. The reason for this is probably to be found in the depressing effect produced by the onset of the hot weather. The rate grows less during the colder months of the year, and reaches its minimum in January.

THE Rhode Island legislature has passed a contagious eye-disease act, but has provided no machinery for its enforcement or for payment for reports.

POSBEDONONSZENS, the Russian minister of religion, has induced the czar to refuse his consent to the establishment of a school of medicine for women.

Progress of Medicine.

THERAPEUTICS AND PHARMACOLOGY.

STRYCHNINE IN INEBRIETY.—Dr. R. M. Phelps ("N. W. Lancet") concludes that: Strychnia nitrate, taken steadily in large doses, has a tendency, first, to impair the appetite for liquor; later, to make liquor an incompatible or sickening agent for the time being. The systemic effects seem to be not injurious. Gold and sodium chloride was only given in small doses the last five days of the twenty-one, and it is only mentioned here because it seemed to bring out a positive sickening effect in several who had before only a feeling of indifference. The systematized methods of administration are important, because the physician is dealing with remedies in doses to be recommended only under close supervision.

TREATMENT OF CATARRHAL GASTRITIS.—Dyspepsia, according to Dr. H. N. Moyer (paper on "catarrhal gastritis," read before the section on practice A. M. A.), is a symptom, not a disease. In chronic catarrhal gastritis excessive flow from muciparous glands results in impaired digestive power. Of 118 cases of gastric disorder 17 had presented symptoms of uncomplicated (chronic) gastritis; epigastric pain, nausea, and vomiting, sensations of fullness, coated tongue, eructations, and constipation were also present. Excess in iced drinks, tobacco and alcohol were frequently found among the victims. Lavage was of little value because most patients refused it. He used a hot solution (ten grains to the pint) of sodium bicarbonate in eight to sixteen ounce doses twenty minutes before eating. It removed mucus, enabled the food to come in contact with the gastric mucous membrane, thereby securing normal peristalsis. A trial meal of lean meat and buttered bread should be given. As the patient improved oysters, eggs, etc., could be added. Pastry should be prohibited. Bismuth, cerium oxalate, nux vomica and allied agents were valuable only as adjuvants. Pepsin was much abused. It was only of value when gastric tubule or organic changes existed or sometimes in anæmia.

ANDROLOGY AND DERMATOLOGY.

NON-VENEREAL SYPHILIS.—Dr. A. I. Bugdugoff reports ("St. Louis Med. and Surg. Jour.") the case of a twenty-three-year-old clerk with labial chancre resultant on promiscuous smoking of cigarettes with two luetic friends. Dr. I. P. Restnetnikoff has had under care a chancre of the neck resultant on wet cupping by a Finnish woman with mucous patches. Dr. M. S. Usass reports the case of a forty-three-year-old married woman who had chancre of the tonsil and posterior pillar resultant on kissing her luetic husband. Drs. Lewy and Goldbery report the following cases: I. Chancre of the lower lip in a man of thirty, an upholsterer. II.—Ditto of the left anterior faucial pillar in a peasant woman of thirty-five. Contracted from an infant, two years old, with congenital syphilis. III.—Ditto about the left nipple of a married woman of thirty-five, a stocking-knitter. IV.—Ditto of the upper lip in a spinster of thirty-three, a domestic servant. V.—Ditto in a married woman of thirty-five. VI.—Ditto in a spinster of twenty-two, a cook. VII.—Chancre of the left tonsil in a spinster of twenty-six, a laundress. VIII.—Ditto of the upper lip in a married peasant man, aged forty. Had been in the habit of smoking cigarette stubs picked up on the street. IX.—Chancre of both nipples in a married woman of twenty-five. X.—Chancre of the lower lip in a married laborer, aged twenty-eight. XI.—Ditto of the left tonsil and adjacent edge of the anterior pillar in a spinster of fifty, a gardener. Dr. F. A. Strauch has communicated a case of an inn-waiter of thirty-seven with chancre of the lower lip. Dr. A. S. Serduekoff relates a case of a young man of twenty-three with chancre of the right tonsil, and another of a man of twenty-five with a primary syphilitic erosion on the right side of the soft palate. Both of them had contracted the infection from a common smoking of cigarettes in company with syphilitic comrades. Dr. H. J. Lewy has reported a case of a virgo intacta of sixteen, a laundress, with chancre on the right side of the soft palate. Dr. M. A. Tchistiakoff has detailed a case of a youth of twenty, a pupil in a boarding-school, who came to him with chancre of the upper lip, roseola, etc. The lesion had been first noticed by the young man on January 28. During the subsequent three weeks he remained in the usual contact with other pupils. On February 20 he contracted mumps and was admitted to a general ward of the school's infirmary. The nature of the labial ulcer was recognized therein about March 20, when there developed secondary syphilitic manifestations.

Correspondence.

SEXUAL PERVERSION.

[To the Editor:] I have been much interested in articles which have appeared from time to time in the MEDICAL STANDARD touching sexual perversion, and it may be that what I shall relate bearing upon this topic will be not wholly uninteresting to your readers. My observation goes to show that perverted sexual feeling is not confined exclusively to man, but may affect the lower animals. In a town in which I formerly lived a man kept a jack for breeding purposes. When first purchased the jack gave the owner great trouble and annoyance by the slowness and indifference to performing the sexual act, or, as sometimes happened, absolute refusal to do so. This continued so long that the jack was considered almost worthless. One day, while the jack and a mare were in the inclosure, and the jack could not be coaxed to perform, a cow came along and stopped on the outside. The jack saw her through the cracks of the building, and at once began to bray, and manifested his virile power to an extreme degree. Afterwards, when tried as usual, the same sluggishness and indifference were manifested, but this was changed to the exhibition of the most ardent sexual feeling whenever a cow was present. The owner, taking his cue from this, always led a cow into the inclosure with the mare, and no further trouble was experienced with the jack.

L. B. ALLEN, M. D.

HUMBOLDT, NEB.

"ANDRAL-BROCA CONSUMPTION CURE"

[To the Editor]: Will you kindly enlighten me in regard to the value of the "Andral-Broca Discovery for the positive cure of Consumption and of all diseases of the Lungs and Air Passages"? To my shame, I have to acknowledge that I am wholly ignorant about this new discovery, notwithstanding that it has existed already for over eight years, and that I have some doubts about its merits, as it is endorsed chiefly by such papers as "Christian Advocate" or "Christian Index," etc.

H. SCHMIDT, M. D.

RICHMOND, STEARNS CO., MINN.

BISMUTH SUBNITRATE IN DYSENTERY.—Drs. R. Matas, R. J. Mainegra and Elliott have found bismuth subnitrate in large doses ("N. O. Med. and Surg. Jour.") of value in dysentery.

INTERNATIONAL DERMATOLOGICAL CONGRESS.

[To the Editor]: The enclosed notice will be of interest to many readers of the MEDICAL STANDARD. Yery respectfully,

PRINCE A. MORROW, M. D.

NEW YORK.

The second meeting of the International Dermatological Congress will be held in Vienna from the 5th to the 10th of September, 1892. Many of the most distinguished representatives of dermatology and syphilography from all countries have promised to present papers, and the indications are that the meeting will be a great success from a scientific standpoint. The committee on organization, through the president, Prof. Kapesi, has extended a cordial invitation to the members of the American Dermatological Association and of the New York Dermatological Society and others interested in dermatology in this country to be present. The membership fee (five dollars) should be sent with titles of papers intended for presentation to the secretary for North America, Dr. Prince A. Morrow, 66 West 40th street, New York, or to the secretary general of the congress, Dr. Gustav Riehl, Wien 1–20, Bellaria strasse 12.

TREATMENT OF MENORRALGIA—Dr. T. J Wright, of Churchland, Norfolk Co., Va., has had good results from a mixture of ponca, mitchella repens, caulophylin, helonias and viburnum (Ponca compound) in neuralgic dysmenorrhœa, particularly in cases destitute of demonstrable local lesion.

SULPHONAL-PHENACETIN IN EPILEPTIC INSOMNIA.—Dr. J. G. Kiernan, of Chicago, reports several cases of epileptic insomnia benefited by the use of the following:

℞ Phenacetin.....gr. xlviii
Sulphonal.....gr. xlviii
M. Ut. ft. cap. No. xii.
S. one at 6, 8 and 10 P. M.

SUMMER PRURITUS.—Good results are obtained in the treatment of heat eruptions and summer pruritus from the following locally applied:

℞ Sodii salicylat..... 3 ii
Glycerin
Listerin..... aa 3 vii M.

Societies and Colleges.

THE AMERICAN MEDICAL ASSOCIATION, at its 1892 Detroit meeting, was excellently attended. Dr. H. O. Walker, from the committee of arrangements, opened the June 7th session, introducing President Marcy, who then delivered his annual address, after which Secretary Atkinson read his annual address, dealing with representation in the association. The question of representation of the Mississippi Valley Medical Association incidentally arose and was referred to the Judicial Council. Dr. J. S. Marshall, from the committee on sections, reported the following substitute for the amendment to the constitution offered at the last annual meeting of the association by Dr. J. C. Culbertson, to be known as section VII of the constitution, viz..

That each section of this association shall elect an executive committee of three members, who shall be chosen from among those who have been in attendance upon the sessions of the section for at least two years; to serve one, two and three years respectively; and that thereafter the retiring chairman of the section shall take the place upon the executive committee of the retiring member of the committee. It shall be the duty of the executive committee, in conjunction with the chairman and secretary, to give especial attention to the interests of their own section. These executive committees of the sections so formed shall constitute the general business committee of the association. They shall hold daily meetings during the sessions of the association, and all matters of business not provided for by the committee of arrangements, the board of trustees, the judicial council, the committee on American medical necrology and special committeess shall be referred to them without debate. It shall be the duty of the general business committee to give especial attention to the interests of the association, and to promote the welfare of the various sections; to consider all matters of business referred to it by the association and report upon them at the earliest possible moment, when the association may adopt or reject the report as it may deem best. It shall be the further duty of the general business committee to make and present the nominations for the officers of the association and its standing committees, and recommend the time and place for the meeting of the association. That the present numerical designation of the section of the constitution entitled "Provision for Amendment," be changed by striking out the Roman Numerals "VII." and substituting therefor "VIII." All sections or parts of sections of the constitution or by-laws of the association not in harmony with this amendment are hereby repealed.

The substitute was adopted after striking out the clause relating to the nominating committee. The committee on a secretary of health reported progress.

At the June 8th session the Judicial Council reported that Dr. W. W. Potter had been decided ineligible to membership because of the non conformity of the Erie county (N. Y.) and N. Y. State Medical Society to the code of ethics. Under the constitution this report was final. The usual snap notice then resulted in the usual snap nominating committee which then retired to nominate. Dr. Vanderveer, of Albany, speaking to a question of privilege said:

"With the best of feeling and intentions, I wish to ask the chairman to define just where we New York men stand. According to the action of the Judicial Council, we are not eligible to membership, and yet we are on the rolls and have been on for a long time. The same point has come up before, each time, with the same result, and it leaves us in an awkward position. We continue to be members of the association, and yet we are not. We take part in section work, read papers, etc., and to all purposes are members. Now just what is our position?"

A motion was made to refer the question to a committee on conference to be composed of five members of the American association and five members of the New York State Medical Society. The New York Medical Association being indirectly interested, the motion was amended so as to have the committee include five members from that association. Another amendment was introduced providing that the conference committee should report in one year, and that in the meantime all New York men should be considered full members of the national association and entitled to all of its privileges.

The motion as thus amended was then carried, after which Dr. J. B. Hamilton delivered an able address on cerebral surgery.

On motion of Dr. Holton, of Vermont, a committee was ordered appointed to report whether the code of ethics needed revision.

Dr. C. A. L. Reed, from the Pan-American Congress committee, reported progress.

At the June 9 session Dr. A. L. Gihon delivered the address on general medicine.

President Marcy announced the following committee on code revision:

Drs. H. D. Holton of Vermont, H. D. Didama of New York, D. S. Reynolds of Kentucky, D. E. Nelson of Chicago and Benj. Lee of Philadelphia.

Drs. N. S. Davis, and J. H. Rauch of Chicago, W. T. Briggs of Tennessee, D. S. Reynolds of Kentucky and W. P. King of Missouri were then appointed a committee to confer with the New York State Medical Society.

The reports of the Treasurer, Journal, Trustees and Librarian were then adopted.

The following resolutions of the Pennsylvania Medical Society were then endorsed:

Resolved, That the Medical Society of the State of Pennsylvania hereby expresses its highest disapprobation of the practice of giving certificates or

testimonials to secret preparations alleged to be of medicinal virtue, and calls the attention of the affiliated county societies to the fact that such action on the part of members of the said societies is in derogation of the dignity of the profession, and in violation of the letter and the spirit of the Code of Ethics of the American Medical Association and of this society. Resolved, That this society likewise expresses its disapprobation of the practice of inserting advertisements of secret preparations in the columns of medical journals, such action being an insult to the intelligence of the profession, and a degradation of journals indulging therein to the level of the patent-medicine almanac. Especially to be condemned is the action of the "Journal of the American Medical Association" in admitting such advertisements.

On motion of Dr. Dudley S. Reynolds, the efforts of the Association of Medical Colleges to raise the standard were endorsed and commended.

Dr. A. L. Gihon, from the Rusk Monument committee, reported progress.

At the June 10th session, a resolution endorsing the Paddock food bill and an amendment creating a section on benevolence were tabled. An amendment creating a section on orthopædics was introduced. The committee on association incorporation reported progress.

The committee on the resolutions of the West Virginia Medical Society reported that there were about 6,000 railway surgeons in the country, of which 1,200 are members of the Association of Railway Surgeons. These railway surgeons often took charge of cases regardless of ethics or of the rights of the physician first called, or of the family attendant. True, the patient, if conscious, had the right to choose his own attendant, but the railway company said, "If you do not take our surgeon you must pay the bills." The railway company had no right to force their surgeon on the patient, nor had the patient the right to force his surgeon on the railway company. Many railway surgeons worked for inadequate pay. The committee recommended that the association endeavor to prevent this evil from growing worse. The report was adopted.

The following officers were elected:

Dr. Hunter McGuire, of Richmond, Va., president; Dr. H. O. Walker, of Detroit; Dr. H. Brown, of Kentucky; Dr. H. Janes, of Vermont; Dr. Jesse Hawes, of Greeley, Col., vice-presidents; Dr. R. J. Dunglison, of Philadelphia, treasurer; Dr. W. B. Atkinson, of Philadelphia, secretary; Dr. Montgomery, assistant secretary; Dr. George W. Webster, of Chicago, librarian.

The following were elected to fill vacancies on the board of trustees of the association:

Dr. Alonzo Garcelon, Lewiston, Me.; Dr. Leartus Connor, Detroit; Dr. Perry H. Millard, of Minnesota, and Dr. Patterson, of Washington.

Members of the judicial council were selected as follows:

Dr. N. S. Davis, of Chicago; Dr. John Morris, of Baltimore; Dr. H. D. Didama, of New York; Dr. John B. Roberts, of Philadelphia; Dr. A. M. Emmert, of Iowa; Dr. W. T. Briggs, of Nashville, Tenn.; Dr. C. W. Vorhes, of Coldwater, Mich; Dr. W. E. B. Davis, of Rome, Ga.; Dr. A. Morgan Cartledge, of Louisville.

Milwaukee, June, 1893, were chosen as place and time of next meeting.

The sections elected officers as follows:

Neurology and Medical Jurisprudence.—Chairman, Dr. C. K. Mills, Philadelphia; secretary, Dr. J. G. Kiernan, Chicago; executive committee, Drs. O. Everts, Cincinnati, Ohio; H. N. Moyer, Chicago; Justin E. Emerson, Detroit.

Materia Medica and Pharmacy.—Chairman, Dr. Frank Woodbury, of Philadelphia; secretary, Dr. F. E. Stewart, of Wilmington, Del.; executive committee, Dr. H. C. Wood, Philadelphia, and Dr. F. E. Stewart, of Wilmington, Del.

Laryngology and Otology.—Chairman, Dr. E. L. Shurly, Detroit; secretary, Dr. J. E. Boylan, Cincinnati, Ohio; executive committee, Drs. E. Fletcher Ingals, Chicago; Chas. H. Burnett, Philadelphia, Pa., and J. A. White, Richmond, Va.

State Medicine.—Dr. C. A. Lindsley, of New Haven, Conn., Chairman, and Dr. S. P. Duffield, of Detroit, secretary.

Ophthalmology.—Dr. S. D. Risley, Philadelphia, chairman; Dr. H. Gradle, Chicago, secretary; executive committee, Dr. F. C. Holtz, Chicago; Dr. J. J. Chisholm, Baltimore; Dr. Leartus Connor, Detroit.

Obstetrics and Diseases of Women.—Dr. John Milton Duff, of Pittsburg, Pa., chairman; Dr. M. B. Ward, Topeka, Kan., secretary; executive committee, Dr. E. E. Montgomery, Philadelphia, Pa.; Dr. Joseph Tabor Johnson, Washington, D.C.; Dr. James H. Eastman, Indianapolis, Ind.

Dermatology and Syphilography.—Dr. Louis A. Duhring, Philadelphia, chairman; Dr. W. H. Dunlap, Syracuse, N. Y., secretary; executive committee, Dr. L. D. Bulkley, New York; Dr. A. Ravogli, Cincinnati, Dr. Ohmann-Dumesnil, St. Louis.

Oral and Dental Surgery.—Chairman, Dr. A. E. Baldwin, Illinois; secretary, Dr. Eugene S. Talbot, Illinois; council, Drs. J. Taft, Ohio; John S. Marshall, Illinois; M. H. Fletcher, Ohio.

Practice of Medicine.—Chairman, Dr. Charles Stock, Buffalo; secretary, Dr. George Webster, Chicago.

Diseases of Children.—Chairman, Dr. C. S Jennings, Detroit; secretary, Dr. Frank S. Parsons; council, Dr. William P. Watson, New Jersey; W. S. Christopher, Chicago; E. F. Brush, Mt. Vernon, N. Y.

THE MASSACHUSETTS MEDICAL SOCIETY elected the following officers:

President, Dr. J. C. White, of Boston; vice-president, Dr. F. A. Howe, of Boston; treasurer, Dr. E. J. Forster, of Boston; anniversary chairman, Dr. G. W. Gay, of Boston; orator, Dr. J. T. G. Nichols, of Cambridge.

The other officers remain unchanged.

THE ASSOCIATION OF AMERICAN PHYSICIANS elected the following officers:

President, Dr. Alfred L. Loomis, of New York; vice-president, Dr. Reginald H. Fitz, of Boston; recorder, Dr. L. Minis Hays, of Philadelphia; secretary, Dr. Henry Hun, of Albany, and treasurer, Dr. W. W. Johnston, of Washington.

THE MINNESOTA MEDICAL SOCIETY met at St. Paul. The committee on abortion reported that it had no changes to suggest in the present law. A sketch of a bill was introduced by Dr. Merrill, of Stillwater, providing for the appointment of medical experts by the courts. A committee of five, three lawyers and two physicians, were appointed to present it at the legislature next winter, as follows: Drs. Merrill, of Stillwater, and Thomas, of Minneapolis, and T. D. O'Brien, of St. Paul; Judge Atwater, Minneapolis, and Chancellor Wood, of Duluth. The next place of meeting of the society will be in Minneapolis. The following officers were elected:

President, Dr. A. W. Abbott, of Minneapolis; vice-presidents, Drs. W. A. Jones, of Minneapolis; W. J. Mayo, of Rochester; Spaulding, of Luverne; secretary, Dr. C. B. Witherly, of St Paul; treasurer, Dr. W. J. Hill, of St. Paul; censors for three years, Drs, Mayo and Staples; for two years, Drs. Dunn and Stone; for one year, Drs. Park Ritchie and C. F. McCone.

THE CHICAGO ACADEMY OF MEDICINE met at the Leland June 24. Dr. M. M. Leahy presided. Dr. N. P. Pearson was elected a fellow. Drs. H. C. B. Alexander, J. M. Patten, W. H. Wilder and J. F. Oaks applied for fellowship, and the applications were referred to a committee consisting of Drs. Moyer, Verity and G. F. Lydston. Drs. W. S. Christopher, H. M. Thomas and J. G. Kiernan were appointed a committee on the Chicago milk supply. The Academy then adjourned until the second Friday in July, at the Leland. Dr. L. Hektoen will read a paper on the "Autopsy Results in the Walsh and Scudder Cases."

THE AMERICAN MEDICO-PSYCHOLOGICAL ASSOCIATION elected the following officers:

President, Dr. P. Bryce, of Alabama; vice-president, Dr John Curwen, of Pennsylvania; secretary, Dr. Henry M. Hurd, of Maryland.

THE MAINE MEDICAL SOCIETY elected the following officers·

President, Dr. Alfred Mitchell, Brunswick; vice-presidents Dr. J. L. Horr, Westbrook; and Dr. Benjamin Williams, Rockland; corresponding secretary, Dr. Wm. Cammett, Portland; board of censors, Dr. H. P. Smith, of Machias; Dr. C. D. Hill, of Bethel; Dr. S. B. Cobb, of Biddeford; Dr. C. A. Ring, of Portland; Dr. Alfred Hitchcock, of Farmington; committee on publication, Dr. C. D. Smith, of Portland; Dr. H. P. Hunt, of Portland; Dr. Addison S. Thayer, of Portland; Dr. E. W. Russell, of Lewiston; Dr. E. A. McCallister, of Gray; business committee, Dr. W. L. Dana, of Portland; Dr. J. F. Thompson, of Portland.

THE OREGON MEDICAL SOCIETY elected the following officers:

President, W. E. Rinehart; vice-president, O. S. Binswanger; secretary, C. H. Wheeler; treasurer; George F. Koehler; member of the executive committee, W. H. Saylor.

THE ARIZONA MEDICAL SOCIETY elected the following officers:

President, Dr. J. Miller, of Phœnix; vice-presidents, Drs. W. H. Martin, of Phœnix; M. M. Gilbert, of Phœnix; and I. B. Hamilton, of Tombstone; secretary, Dr. J. T. Green, of Tucson; treasurer, Dr. W. H. Sullivan, of Tombstone.

THE WEST VIRGINIA MEDICAL SOCIETY met at Clarksburg. Papers were read by Drs. L. D. Wilson and Aschmann, of Wheeling; Harris, of Parkersburg; and Hoge, of Charleston. The following officers were elected: Dr. D. P. Morgan, president; Dr. Mayer, secretary, and Dr. Campbell, treasurer.

THE CHICAGO MEDICO-LEGAL SOCIETY elected the following officers:

President, Judge O. H. Horton; vice-presidents, Drs D. R. Brower and Jas. Burry; treasurer, Dr. J. Matteson and secretary, Dr. A. Church.

KANSAS MEDICAL SOCIETY met at Topeka May 5. Dr. J. E. Oldham delivered the president's address.

The president appointed the following committees:

Committee on necrology, Dr. W. P. King, of Abilene; Dr. P. E. Fryer, of Kansas City, and Dr. P. Dougherty, of Junction City. Auditing committee, Dr. George A. Wall, of Topeka; Dr. W. R. Priest, of Concordia, and Dr. J. M. Ketchersid, of Hope. Board of censors, Dr. L. H. Munn Topeka, one-year term; Dr. P. Dougherty, Junction City, two-year term; Dr. G. C. Perdue, Wichita, three-year term; Dr. R Aikman, Fort Scott, four-year term; Dr. D. Bell, Richmond, five-year term. Hereafter one member is to be appointed at each annual convention to fill the expired terms.

Dr. Winne, of Topeka, offered a resolution declaring:

"It is the sense of the convention that the national government institute a national department of health, with a cabinet officer, called a 'secretary of public health.'"

This was unanimously adopted.

THE CHICAGO COLLEGE OF PHYSICIANS AND SURGEONS elected the following officers:

President, Dr. W. E. Quine; vice-president, Dr. C. W. Earle; recording secretary, Dr. E. E. Babbock; corresponding secretary, Dr. Bayard Holmes.

THE COLORADO MEDICAL SOCIETY met at Denver June 17. The following officers were elected:

Dr. W. E. Wilson, president; Dr. B. F. Adams, first vice-president; Dr. F. Finney, second vice-president; Dr. A. S. Lobingier, corresponding secretary; Dr. E. R. Axtell, recording secretary; Dr. J. M. Collins, Sr., assistant recording secretary; Dr. W. F. McClelland, treasurer. The old board of trustees and committee on admission were retained.

State Items.

ALABAMA.—Dr. R. G. Carleton, of Burns, is dead.—Dr. W. R. Luckie has located at Birmingham.—Dr. J. A. Johnson, of Montgomery, died recently at the age of 71.

CALIFORNIA.—Dr. J. M. Wheat, of Redland, has been selected vice-president of the county health board.—*San Francisco.*—Leprosy has been found in a 17-year-old Sandwich Island woman of American parentage who had just been delivered of a child in a lying-in hospital.

COLORADO.—*Denver.*—Dr. J. D. McLane is dead.

CONNECTICUT.—Dr. H. F. Kienke has located at 409 Howard avenue, New Haven.

FLORIDA.—Dr. J. H. Randolph, of Tallahassee, ex-superintendent of the state insane-hospital, died recently at the age of 83.

GEORGIA.—Dr. S. B. Hawkins, of Americus, died June 8 and Dr. H. F. Andrews, of Washington, June 3.

ILLINOIS.—The state board has licensed the following practitioners: Julius F. Baer, W. W. Carter, Thomas William Fisher, Eugene L. Fisk, Edward H. Hawley, Elizabeth P. Hofma, Frances M. W. Jackson, Charles Ross, Edward S. Stewart, L. Whitmer, J. B. Woodruff, all of Chicago; Milton M. Bradley, Waverly; Austin I Brown, Vienna; T. S. Carpenter, Turner; C. W. Coe, Grove City; Roger W. Gay, Ironton, Mo.; William E. Harris, Flanagan; J. L. Kershner, Effingham; Thomas W. McGaughey, Macomb; Bart McKee, Dunfermline; Charlie A. Mozely, Vienna; George A. Baynes, Charles N. Brockington, Solomon Eisenstaedt, Dana H. Garen, George Roeder, William Wenzlick, all of Chicago; Frank M. Banker, Amboy; Flint Hart, West Point; E. H. Miller, Payson; Henry Ressel, East St. Louis; F. W. Gammon, John T. Gill, Albert Grau, G W. McFatrich, Ingeborg Taustrom and Henry J. Way, of Chicago; James Davidson, Lincoln; Thomas A. Dicks, Sidney; Charles D. Fairbanks, Englewood; G. W. Hess; Barnett; Joseph E. Hitt, Kansas; John W. Lambert, Peoria; Thor O. E. Moeller, Englewood; George W. Nesbitt, Sycamore; Fred Rose, Columbia, and B. A. Rynerson, Darwin; Charles E. Boisevert, John F. Ridelou, C. D. Williams, all of Chicago; E. L. Huestis, West Jersey; William H. McLean, East St. Louis; George H. Ferguson, South Chicago; John H. Spencer, Murrayville; W. E. Wallace, Simpson; J. W. Wyman, Samoth.—Dr. H. G. Hillard, of Baraboo, Wis., has removed to Joliet.—The freight agent at Barrington applied to two local physicians to treat a victim of an accident. He refused to be responsible for payment whereupon they declined to treat the case. The railroad has refused to pay local physicians for such surgery and when suit is brought by the victims of accidents the corporation attorneys are permitted to treat the physicians as hired perjurers.—Dr. H. H. Thompson, of Princeton, died June 15, and Dr. G. T. Kirkham, of Greenville, died June 1.—Dr. Geo. Miller, of Loda, has located at Cissna Park.—Dr. Bunker, of Winslow, died June 3.—Dr. F. S. Carpenter has located at Turner.—Dr. Nelson has been elected health officer of Morris.—Dr. Thompson, of Blandinsville, has removed to Galva.—Dr. F. A. Groove, of Quincy, died recently.—*Chicago.*—Dr. A. J. Black recently married Miss E. Piper.—Dr. C. E. Laning died recently.—Dr. W. C. Egan, of Atlanta, Ia., has located here.—"Dr." G. B. Walker, of "cancer cure" and marrying fame, has died of cancer.—Dr. C. S. Gallagher, of Naples, N. Y., has located here.—Dr. C. Davis married Miss I. B. Eaton June 10.—Dr. O. N. Huff married Miss Sophie, daughter of Dr. R. G. Bogue, June 16.—Dr. H. V. Hulbert married Miss A. M. Sherman June 7.—Dr. C. S. Bacon administered chloroform with all due precaution. The patient died. Her husband was stirred up by local gossips and the sensation "fakers" of the press to make charge against Dr. Bacon. He was finally convinced that death was due to natural causes. He requested the coroner to forego an inquest and expressed his conviction that Dr. Bacon pursued a defensible course of treatment and was in no wise culpable for the fatal termination of the operation.—The coroner's autopsy on Dr. H. M. Scudder, who died in an apoplectiform attack at the county jail while under indictment for murder, revealed diffuse meningo-encephalitis symmetrically located in the frontal, occipital and parietal regions. There was fibroid degeneration of the aorta, coronary arteries, and myocardium, The cerebral changes justified, in the opinion of Drs. H. M. Lyman, J. G. Kiernan and M. D. Ewell, the diagnosis of insanity.

INDIANA.—Dr. A. D. Smith has located at Fort Wayne.—Drs. W. M. Bartlett of Lewisville and Selath T. Williams of Kendalville died recently.—Dr. J. L. Gilbert succeeds as division surgeon of the Lake Shore road Dr. S. T. Williams.—Dr. C. Skidmore has located at Boundary City, Jay county.—Dr. Mercer of Arcadia is dead.

IOWA.—Dr. G. W. Crawford of Burlington died June 6, at the age of 82.—Dr. Bowen of Oskaloosa succeeds Dr. Teter at Angus, who removes to Sioux City.—Dr. M. F. Scott has located at Marengo.—Dr. J. W. Young of Bloomfield succeeds Dr. E. J. Shelton of Ottumwa as pension examiner.—Dr. R. Stephenson of Centerville is dead.—Dr. St. v. Martinetz of Cedar Rapids re

cently married Miss Fischer.—Dr. J. Schwartz has located at Sharon Center and Dr. Fred Stevens at Harlan.

KANSAS.—Dr. A. McNamee, late of the Northern Insane Hospital, has located at Junction City.

KENTUCKY.—*Louisville.*—Mrs. Dr. Cady graduated from a medical college in St. Louis. A few weeks before commencement her ninth child was born, and eleven days later she was again at her place in the lecture room.—Drs. H. C. Dembitz and W. B. Caldwell died recently.

LOUISIANA.—Dr. W. G. Deal, of Colfax, died June 1.—*New Orleans.*—Dr. T. B. Richardson died May 22,at the age of 66.—This city had years ago a large excess of men over women. Since the war, and particularly during the last twelve years, the excess of women is remarkable, the death-rate among men being so much higher than among women. The census of 1890 showed an excess of 14,306 women. The State census showed the excess to be 15,198, but that enumeration was very defective, and the excess of females to-day may be 18,000, or 13 per cent. The statistics of the Board of Health explain the difference. Although the women are in a large majority, five men die to every four women. The death-rate from 1890 to date has been: White males, 29.5; white females, 20.9; negro males, 42.8.; negro females, 33.9. A female's prospect of living is 41 per cent better in New Orleans than that of a male. There is no difference in the mortality of the younger people of both sexes, but beyond 21 the difference is marked. There are 43,916 white men older than 21 years and 53,600 white women. The cases of deaths among the former a year are 1,655 and the latter 1,252, a death-rate respectively of 37.7 and 23.3; in other words, out of 100 men and 100 women sixteen men die to every ten women. Between the ages of 30 and 50, although the women are in an immense majority, 619 men died to 365 women.

MAINE.—Dr. J. E. L. Kimball, of Saco, died June 1, at the age of 73.

MARYLAND.—The State Examining Board (regular) consists of Drs. T. Earle and W. F. Lockwood, of Baltimore; F. B. Smith, of Frederick; W. F. Hines, of Chestertown; James Bordley, of Centreville; J. McP. Scott, of Hagerstown; and W. W. Wiley, of Cumberland. Dr. S. T. Earle was elected president and Dr. W. F. Lockwood, secretary.—Dr. J. W. Eichelberger recently married Miss M. Hoke.—Dr. Geo. P. Jones has been appointed physician to the Dorchester almshouse. —*Baltimore.*—Dr. C. S. Simon recently married Miss Stanton.—Baltimore's birth-rate is 39.20 per 1,000 and death-rate 18.39.—Dr. J. H. Gaskins died recently.—Dr. W. L. Walraven, of the Bayview insane hospital, has resigned and removes to Latonia, Pa.

MASSACHUSETTS.—Dr. C. W. Pelton, of Dedham, died June 15.—*Boston.*—The city insane-hospitals are badly overcrowded.—A dog bit a Swede, who died from hydrophobiform symptoms. Dr. Ernst, of the Harvard laboratory, pronounces that the canine brain and cord were destitute of evidence of rabies and ascribes the death to scare.

MICHIGAN.—Dr. C. Morgan, of Milton township, died June 1.—Drs. A. Conklin, of Manchester, and H. S. Joy, Marshall, died recently.—*Detroit.*—Dr. C. J. Lundy died recently from cerebral trouble secondary to spinal concussion.—Dr. W. G. Henry married Miss F. T. Barbour June 1.—Dr. C. B. Gilbert died recently.—Dr. Wyman recently craniectomized for suture-closure in idiot. After the operation intelligence improved.

MINNESOTA.—Dr. R. McE. Phelps, of Rochester, married Dr. Sarah V. Linton June 1. Bride and groom are physicians to the Rochester insane-hospital.—Dr. L. W. Roman has located at Duluth. Dr. White at Green Isle, and Dr. H. Rorman at W. Duluth.

MISSOURI.—Dr. Atwood, of the Fulton insane-hospital, has resigned.—Dr. W. H. Gosewisch, of Lexington, married Miss H. P. Thomas June 15. —Dr. W. H. Wilson has been appointed assistant city physician of St. Joseph.—Dr. George Potter has located at St. Joseph.

NEBRASKA.—The state board of health has licensed Drs. Charles C. Ailken, Benkleman; Oscar F. Shoff, Axtell; John A. Vogel, McCook; John Thompson, Kearney; M. Addie Kester, Lincoln; A. J. McKinnon, Lincoln; Allen F. Miller, Randolph; Walter Key, Long Pine; Felix Behrendt, Rising City; H. T. Cooper, Lowell; H. L. Kindred, Herman; M. M. Wilson, Hartington; Charles E. Dean, Arapahoe; Charles P. Hill, Lincoln; Nancy J. Stewart, Spring Bank.

NEW HAMPSHIRE.—Dr. F. A. Hodgdon of Peterboro recently married Miss H. L. Pettingil.

NEW JERSEY.—Dr. C. H. Halstead has been appointed Morristown jail physician.—Dr. Geo. A. Curriden has been appointed resident physician at the Children's Seashore Hospital at Atlantic City, N. J.—Dr. D. B. Evans succeeds Dr. Harris, resigned, as medical director of the Newark insane-hospital.—Dr. D. L. Wallace of Newark has had under care a would-be suicide by morphine, who threatened to shoot him for interfering. When the patient sank into stupor Dr. Wallace resuscitated him with safety.—Dr. Barber of New Brunswick has had under care a case in which cigarette smoking produced hydrophobiform symptoms.

NEW MEXICO.—Dr. J. S. Brown of Victoria died May 29.—Dr. Williams of Deming has removed to Silver City.

NEW YORK.—"Grip," according to the state board of health, caused 10,000 deaths since December.—Hulberton, Orleans county, is without a

physician.—Dr. C. O. Sayers has located at Rushford.—Dr. Jennie V. Yelvington is the only registered physician in Susquehanna county.—Dr. W. L. Hartman, of Leroy, recently married Miss L. M. Watson.—Dr. D. N. Arthur, of the Middletown insane-hospital, recently married Miss V. Beebe.—Dr. R. Thomas died June 13 at the age of 85 after sixty-four years practice.—Dr. H. C. Hill has been appointed Lockport city physician.—Dr. M. M. Babcock, of Saratoga, died recently at the age of 73 after fifty years practice of medicine.—Dr. M. L. Smith, of Watertown, recently married Miss T. Moran.—*New York City.*—Dr. Floyd M. Crandall has had to free himself from the amatory correspondence and hysterical accusations of a female paranoiac by having her arrested. He attended her mistress when she saw in him her ideal. She claims him as her husband. Another hysterical paranoiac has secured notoriety by seeking protection against a physician to whom she claims her body was sold by her husband.—Dr. Marcus Benjamin married Miss E. Gilbert June 16.—The district attorney has been sued by several experts for their fees. It is an old trick of district and state's attorney's to hire experts and not pay them, and the New York experts are to be congratulated on their firmness.—Dr. Markoe has just resigned from the New York hospital after fifty years service.—Drs. Cushing and Dorsey report the following case: A quarryman was stabbed June 19 with a stiletto. June 20 he walked to Bellevue hospital and asked to have his wound dressed. Previously he had had no medical attendance nor had he lost consciousness. Drs. Cushing and Dorsey discovered that the blade of the stiletto had been broken off in the man's skull and that it would be necessary to remove a portion of the bone. The operation (June 21) lasted over an hour. A portion of the frontal bone was removed, and then a small section of the skull, in which was the point of the stiletto and about three eighths of an inch of the blade. The patient rallied rapidly after the effects of the anæsthetic wore off, and he is in a fair way to recover.—Dr. W. R. Birdsall died June 7.—Dr. Philip E. Donlin died June 12.—Some local paranoiacs, aided by the imbecile "Mail and Express," are endeavoring to secure reduced fees by legislation.—Dr. Philip A. McDonald married Miss I. Mead June 1, and Dr. William Balken Miss Walker June 8.—*Brooklyn.*—Dr. Levi Bartlett died June 22 at the age of 86 after fifty-five years practice. His father, grandfather and great grandfather were physicians. His grandfather (Dr. Josiah Bartlett) was a signer of the Declaration of Independence.—A gang of negroes recently attempted to lynch the health officers for removing a variolous negress to the small-pox hospital.

NORTH CAROLINA.—The state board has licensed the following physicians: Drs. C. L. Summers, Winston; R. H. Stancil, Jr., Margarettsville; A. H. Harris, Wilmington; J. Taylor, Washington; S. L. Martin, Leaksville; W. B. Bullock, Franklinton; L. R. Crowell, Lincolnton; H. J. Thomas, Winston; J. L. Dellinger, (col.), Reidsville; A. J. Crowell, Columbus Store; E. A. Rainey, Germantown; C. M. Jones, Tarboro; R. W. Smith, Hertford; H. L. Bird, Asheville; H. S. Williams, Asheville; J. T. Wright, Salisbury; W. B. Houser, (colored), Charlotte; W. R. Ballou, Asheville; R. L. Caviness, Asheville; J. W. Jones, (col.), Winston; J. B. Griggs, Elizabeth City; E. A. Boaz, Price; J. T. Rieves, Julian; W. C. Ashworth, Asheboro; C. J. Oliveros, Asheville; E. J. Buchanan, Salisbury; W. Folger, Dobson; A. J. Koontz, Roaring River; C. A. Adams, Currie; H. W. Long, Statesville; J. C. Twitty, Rutherfordton; J. B. Robinson, Weaverville; S. E. Pennington, Sturgis; F. Roberts, Marshall; S. C. McGilvry, Asheville; W. Bowden, Knoxville, Tenn.; M. E. Gattis, Garner; J. C. Rodman, Washington; J. W. Costen, Gatesville; M. L. Stevens, Enochville, J. G. Blount, Washington; J. H. Bennett, Wadesboro; L. L. Perkins, Solitude; J. Bynum, Winston; H. R. Hoover, Elm City.

OHIO.—The Athens insane-hospital trustees elected Dr. C. O. Dunlop, superintendent; Dr. E. G. Cook, of Barlow, assistant physician. The changes were made for political reasons.—Dr. J. V. Schnetzler, of Beaver Dam, Wis., has removed to Toledo.—Dr. Arnut White, of Barnesville, died recently at the age of 72.—Dr. J. P. Baker, of Findlay, recently married Miss Schwartz.—Dr. S. S. Devol, of Parkersburg, recently married Miss E. Dills, Dr. L. S. Szendery, of Sandusky, Miss L. Westerhold and Dr. R. J. Cunningham, Miss A. E. Lawrence.—Drs. C. E. Kurtz, McClelland, and West, of Bellaire, have been appointed B. & O. R. R. surgeons.—Dr. W. W. Jones, of Toledo, died May 30 at the age of 72.—Dr. W. Balmer has been appointed Newburg insane-hospital assistant physician.—The Dayton insane-hospital trustees have elected Dr. J. H. Romspert superintendent.

OREGON.—Dr. B. L. Bradley, of Oakland, has removed to Roseburg.

PENNSYLVANIA.—Dr. R. M. Schobert, of Wilkesbarre, and J. J. Serfros, of Easton, died recently.—Dr. Weisley, of S. Bethlehem, has removed to Stockton. Dr. W. M. Reedy has located on Main street, Scranton, and Dr. E. McGeehan at Hazleton.—*Philadelphia.*—Dr. J. Guiteras succeeds Dr. Formad as pathologist to the Philadelphia hospital.—*Pittsburgh.*—Dr. A. M. Pollock died June 19, at the age of 73.—Dr. C. C. Husman, of Carson and South Nineteenth streets, has in his possession a painting that was executed by a patient of Weston (W. Va.) insane hospital. The painting represents in water colors an extensive view of the building and grounds of the Weston asylum. The patient had never had any acquaintance with palette,

brush or paint. The picture was executed entirely within the building, from memory. The picture is most accurate in every particular, and was done with the crude materials of small blocks of paint used by children, and a brush, occasionally, but mostly with sticks of wood, sharpened like meat skewers, which served as brushes.

RHODE ISLAND.—Dr. G. W. Stanley, of Slatersville, died recently.

SOUTH CAROLINA.—Dr. S. E. Babcock, of Chester, died May 30,and Dr. L. T. Kennedy, June 10.

TENNESSEE.—Dr. M. W. Cowan, of Lebanon, died recently.—Dr. Cyrus Wesley, of Somerset, Ky., has removed to Glenmary.—Dr. R. V. Huggins, of Harriman, married Miss Essie Cook June 6.

TEXAS.—Dr. Morgan of Crawfordsville, Ind., has removed to San Antonio.

VIRGINIA.—Dr. T. M. Talbott, of Falls Church, recently married Miss A. K. Nourse.—Dr. E. W. Johns, formerly medical purveyor-general, C. S. A., died at Richmond, June 13.

WASHINGTON.—Governor Ferry reappointed Drs. A. S. Kibble, of Seattle; C. S. Penfield, of Spokane, and J. H. McDonald, of Dayton, members of the state board of examiners.—Dr. A. P. Johnson, Spokane county physician, was charged by a man with extorting the sum of $15.00 for services rendered while acting in his official capacity, as county physician. Dr. Johnson was called to attend a patient at a hotel who was said to be destitute. The patient recovered and his son insisted on paying the fees. The patient then made the charge of extortion. He failed to appear and Dr Johnson was exonerated.—Dr. E. W. Weems, of Spokane, died recently. Dr. D. F. Eakin succeeds him as coroner.—Dr. Thomas Keefe, Snohomish, has been appointed surgeon for the S., L. S. & E. branch N. P. R. R.

WISCONSIN.—Dr. T. J. Rowland, of Clintonville, is dead.—*Milwaukee.*—Dr. L. Frank recently married Miss E. Schandein.—Dr. Ruszczynski died recently.

FOREIGN.

FRANCE.—Dr. Landouzy claims that tuberculosis plays a bigger part in the depopulation of France than syphilis, alcoholism and malthusianism put together.—An epileptic had no demonstrable major attacks while being pasteurized, wherefore Pasteur concludes he has discovered a cure for epilepsy. Epileptic attacks often cease during any severe constitutional disturbance.

GERMANY.—The Langenbeck House, recently opened with great ceremony in Berlin, was founded at the instigation of the late Empress Augusta, as a medical congress hall and a scientific museum. During the war of 1870–71, Dr. Langenbeck, who went through the campaign in charge of one of the chief ambulances, was in the habit of bringing his colleagues together when possible to discuss medical questions arising out of the complicated and often novel cases with which they had to deal in the field. The utility of these small conferences proved so great that the doctor was induced, after the conclusion of peace, to found a German surgical association for similar purposes. The increasing size and labors of the institution necessitated a permanent place of meeting, and Dr. Langenbeck was seeking a means to supply this want when death overtook him. The Berlin Medical Association proposed to erect a statue to his memory, but the Empress Augusta thought that it would be much more in accordance with his wishes if a memorial of a more practical nature were erected, and suggested the building of the institution which has just been completed. The memorial house cost about 500,000 marks, to which the Empress Augusta, the late Emperor Frederick, and the present Emperor all largely contributed.—The real name of Emin Pasha, whose death has just been once more announced, was Edward Schnitzler. He was gradated from the medical department of the University of Berlin in 1864.

GREAT BRITAIN.—Sir Dyce Duckworth has had under observation a man 42 years of age, admitted to St. Bartholomew's Hospital for gouty manifestation in the great toes accompanied with pain in the penis. For four days this organ was in a constant state of erection, hard to the touch and turgid. The temperature was 102.2° F. Despite treatment the erection persisted for twenty-one days, and only disappeared when the general condition improved. Sir Dyce Duckworth attributed this to a thrombosis of the veins of the corpus cavernosum, a thrombosis consecutive to an inflammation of gouty origin.

INDIA.—Five thousand five hundred tons of opium are annually exported into China.

RUSSIA.—The Medical Council has recommended the establishment of government manufactories of pharmaceutical preparations.

BOOK NOTICES.

FLINT'S ENCYCLOPEDIA OF MEDICINE AND SURGERY* contains the fundamental principles of medicine, tersely stated and logically applied. The work is excellently gotten up and deserves a wide circulation.

POZZI'S GYNÆCOLOGY** has already been reviewed in the MEDICAL STANDARD. The only comparison is between the two translations. The present translation by Dr. Beebe is incomparably the best, and his revision of the text adds to its value. The illustrations are many, excellent and original.

*Flint's Condensed Encyclopedia of Medicine and Surgery by Various Authors, Vol. I, A to I. New York: J. B. Flint & Co. 1892.

**A System of Gynæcology by A. Pozzi. Revised by Dr. C. M. Beebe. New York: J. B. Flint & Co. 1892.

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RETAINED FÆCES.*

BY W. S. CHRISTOPHER, M. D.,

PROFESSOR OF DISEASES OF CHILDREN, CHICAGO POLICLINIC; FELLOW OF THE CHICAGO ACADEMY OF MEDICINE.

The French, more than any other people, have studied the effects of retained fæces. Stercoræmia is a common French term. Bouchardat particularly has investigated this subject, and has studied its relation to impairment of hepatic functions.

From experience gained by the frequent use of bowel lavage, I believe that a greater or less retention of old fæces is a normal condition. At least I have frequently washed out from bowels that were apparently normal old scybalous masses, which could hardly be charged with either local or remote effects.

Fæces stranded in the cæcum may do no harm, but they are a constant menace. Sooner or later they may set up typhlitis, a disease which I believe exists as an entity. notwithstanding recent pathological reports and the somewhat strongly expressed views of some modern abdominal surgeons. Typhlitis once inaugurated, a long series of disasters may follow, to which the somewhat indefinite name, right iliac disease, might with propriety be given. I heartily agree with Jules Simon that the great danger of typhlitis is appendicitis, but cannot agree with the view which is so commonly held at present, that the initial factor in right iliac disease is always appendicitis. The mechanism by which appendicitis and the subsequent peritonitis are produced is not clear, but some recent observations by Adenot, of Lyons, would indicate that the bacterium coli commune is to blame. This ordinarily innocent inhabitant of the bowel seems to acquire virulence in the presence of catarrhal conditions of the bowel, and then becomes capable of giving rise to appendicular and peritonitic disease, and even the so-called perityphlitic abscess.

Impaction of fæces so extensive as to produce actual obstruction of the bowel is certainly uncommon, but localized impactions giving rise to localized peritonitis, and even peri-colonic abscess, are not rare. I have recently had a patient with serious stomach disorder secondary to an obstructive heart lesion, who developed in the region of the spleen a most intense localized peritonitis. Lavage of the bowel was rewarded with the removal of a large mass of scybalous fæces, and great relief to the localized tenderness. Some relief was also afforded to the severe vomiting present.

But the local systoms resulting frcm retained fæces are not the most interesting or the most important. Retained fæces usually putrefy and give constantly to the blood stream a supply of poisons of the most varied type. When this supply is small the liver changes the poisons into innocuous substances and no harm results. But when the supply is large, or the liver incompetent to perform its function in this direction, these noxious substances gain entrance to the general circulation and produce the most varied symptoms. Then occurs the stercoræmia of the French.

Headache is a common symptom resulting from this condition, and the old fashioned, much maligned "biliousness" is another. Fever often occurs, and to this fact is due the widespread belief among the laity that castor oil is good for fever. Skin eruptions are frequent, and are only permanently cured when the source of the poison producing them, is cut off. Sir Andrew Clark* has expressed his belief that the best remedy for what he calls fæcal anæmia is a laxative. This bold statement, often true, serves to call attention to the undoubted fact that stercoræmia is a frequent cause of anæmia. The clinical picture is as follows: First, constipation, then putrefaction of the retained fæces, then stercorœmia, then anæmia, then, as a result of the impoverished blood, incomplete nourishment of the various organs of the body, then defective secretion, particularly defective gastric secretion, then dyspepsia, then improper digestion

*Amer. Med. Assoc. Trans. Cond.

*MEDICAL STANDARD, Vol. I.

and assimilation of food, then increased anæmia. Thus a vicious circle is formed, which tends constantly to increase the pathological conditions present. Certainly iron can be of but little service under such circumstances. To effect a cure the retained fæces must be removed, before attention need be directed toward the other conditions.

The following case when first seen was suspected by my assistant to be one of meningeal tuberculosis:

Case I. A seven-months-old girl had scarlatina four weeks ago, and had diarrhœa while the rash was on her. Now she does not take the breast, and is feverish at times. Is sleepless, and has been given soothing syrup. Rectal temperature 103°. Pupils react very slightly and are even. Abdomen somewhat retracted, bowels constipated. Tâche rouge appears and disappears slowly. There are some rose-colored spots on the abdomen which do not react like typhoid spots. Urine dark and of bad odor. There is a whitish film on the alveolar process. Expression is stupid, has a whining cry, and keeps her finger in her mouth, Believing that the case was only one of constipation, I gave the baby three one-grain doses of calomel, with the result of removing from the bowel a large mass of putrid fæces. This was accompanied with a great amelioration of the symptoms, and a few days more attention to the bowels in the same direction, completely cured the child.

It would be tiresome to attempt to enumerate all the symptoms which can be produced by retained fæces. It is probable, however, that any symptom which can have its origin in an action of the central nervous system can be initiated by the poisons produced by retained fæces.

I shall content myself with two cases which are of more than ordinary interest.

Case II is that of a 60-year-old obese woman, weighing ordinarily 210 pounds. When I first saw her last October, she had been confined to her bed for two months. Partly owing to her great weight, and partly apparently from some degree of paresis she was quite unable to turn herself in bed. During the preceding two months she had had occasional irregular febrile periods. At the time I first saw her she was vomiting persistently, being utterly unable to retain the milk and lime water which was being fed to her. In addition there was complete incontinence of urine and fæces, which passed from her without her knowledge. Her pulse was weak and her general condition bad. The outlook was very gloomy. The diagnosis lay between structural disease of the spinal cord and constipation. For the latter diagnosis, there was no positive evidence whatever. Her obesity rendered it impossible to determine the condition of the colon. The diagnosis of possible constipation was made, however, because all the symptoms present could be explained by such a condition and any other diagnosis meant abandonment of the patient to her fate. She was given copious enemas of water, which brought away large quantities of hard, lumpy, fæces, covered with mucus and some pus, and having a very putrid odor. These lumps continued to come away with the enemas for two weeks. Improvement quickly set in and in about a month she was well. Lately I saw the old lady, perfectly well, and unusually active for one of her age and weight.

The next case which occurred in the practice of Dr. Harold N. Moyer, of Chicago, is the most remarkable instance of the evil results which can follow from retention of fæces, that has ever come to my notice.*

Case III. July 17, 1887, I was summoned to an adjoining city to see Mrs. G., in consultation. The attending physician furnished me with the following account: Father of patient living and well; mother died of cancer of the uterus. No trace of insanity in the family, or neurotic heredity of any kind. Her health previous to the present difficulty had been fair, an occasional cough, with inflammation of the pharynx, being her only illness. Menstruation appeared at fourteen, and was always normally performed. Married at twenty-three, and at twenty-five, had a premature labor, this accident not being followed by any disturbance to the general health. Present illness began about eight months ago, and was marked by an increasing general debility, loss of appetite, decrease in weight, and obstinate constipation. The symptoms did not point to a change in any particular organ. Six months later, had sudden attacks of fainting, occurring at irregular intervals. These attacks would begin with pain in the left hypochondrium and a sense of suffocation. Within the last six months, tenderness on pressure has appeared in this region, and the attacks have become more frequent, and are accompanied by vomiting. During this time she had no febrile reaction, but was nervous, excitable and affected with morbid fears. This was substantially her condition until three months before she came under my observation, when she began to show positive signs of insanity, was restless, sleepless and incoherent, with confusional hallucinations and non-systematic delusions of a depressed and melancholy character.

Examination of the patient shows the muscles and fatty tissues wasted to the last degree. The flexor tendons of the thigh are contracted, so that the legs cannot be extended. The skin is of a dirty brown color, and covered with branny scales. Eyeballs prominent, pupils react normally. Ophthalmoscopic appearance of fundus normal. The heart, lungs, kidneys and sexual organs were carefully investigated and nothing abnormal noted. A line of superficial dullness could be made out, extending transversely across the abdomen, on a level with the umbilicus, and

*MEDICAL STANDARD, Jan. 1890.

a lobulated mass could be felt in the left inguinal region, but it could not be distinctly outlined. The temperature was normal. Pulse weak and variable, from 120 to 140 per minute. The mental symptoms were substantially those which were described as existing for the past three months,

A diagnosis of an exhaustional confusional form of insanity, proceeding from a dilated and over-filled colon, was made. Large rectal injections were ordered, containing in each pint of water two ounces of listerine and one dram of common salt. Tonics were also ordered with cod-liver oil inunction, massage and general faradization. The subsequent history was furnished by the attending physician.

July 19.— Condition unchanged, absolutely refused food. Insisted that her brother had been recently killed.

July 20.—First injection given, consisting of about two pints. The tube was passed well beyond the sigmoid flexure. In about an hour the injection came away, and with it a considerable amount of fæcal matter. Upon withdrawing the tube, its distal end was found to be coated with dark, waxy, adhesive fæcal matter, entirely unlike that which came away. After the injection the patient passed into a quiet sleep, from which she was awakened after about two hours and called for food for the first time in many weeks.

July 21.—Marked improvement; pulse 100. No fæcal masses came away with to-day's injection, but the tube is still coated as at first, showing that a mass is still retained. Mind perfectly clear and tranquil.

July 30.— Continued improvement. Since beginning the treatment ten rectal injections have been given. Occasionally a dark, hardened fæcal mass comes away.

August 14.—Able to be out of bed, but walks with great difficulty, owing to the muscular wasting. Mind perfectly clear, but retains only an indistinct recollection of the time of her illness. For the past two weeks her bowels have acted without the use of cathartics, and her appetite is excellent.

Nov. 20.—No longer suffers from constipation, and her health is better than it was before her illness.

It is not an easy matter to empty the colon of fæces which have been long retained. Active cathartics will not suffice. Indeed, their prolonged use, or rather abuse, is a most potent factor in the causation of the condition. Salines in moderate quantities will sometimes succeed in washing out the retained masses, but after the abuse of purgatives, a sedative is often the most effectual in cleaning the bowels. A most useful one under such circumstances is a pill containing iron and belladonna. I have found the bowels to act after a few days' rest when croton oil had failed to produce an evacuation. But the most satisfactory plan for relieving the colon of retained fæces, is the use of lavage. Copious injections of warm water will dislodge masses of fæces that cannot be removed in any other way. It should not be forgotten that several injections may have to be given before any old fæces will be brought away, and that it often takes daily injections for several weeks to completely empty the bowel and entirely remove all the old hardened, dark fæces.

Taking these cases into consideration I should conclude: Long continued partial retention of fæces is common. Such retention is usually harmless. Retained fæces undergoing putrefaction may, at any time, acquire poisonous properties. Retained fæces may produce either local or constitutional symptoms. The principal local conditions produced by retained fæces are typhlitis, appendicitis, and peritonitis, either localized or general. Retained fæces, through the poisons produced in them, are capable of causing any constitutional symptoms which can be manifested through the agency of the central nervous system. Among the toxic effects of such stercoræmia may be mentioned fever, convulsions, coma, insomnia, headache, neuralgia, vertigo, anæmia, diarrhœa, constipation, incontinence of urine and fæces, insanity, etc.

In the discussion Dr. N. S. Davis, Jr., said that symptoms resulted from a moderate amount of retention of fæces. There are cases in which there are regular movements of the bowel, but not thorough evacuation. The symptoms of more or less distressing character are promptly relieved by free evacuation. The symptoms are most frequently some pain in the back; sometimes a slight, but usually a considerable degree of anæmia. These cases are frequent. The daily movement is rather a spilling over of the bowels than a movement. Only a comparatively small amount is evacuated, and not enough to relieve the retention which exists. These cases can be relieved by enemata.

Dr. Herrick said that retention of fæces was often due to digestion-disorders.

Dr. Fuller cited the case of a woman whom he had relieved seven times of a fæcal impaction, following childbirth, in whom the autopsy revealed several regions of intestine in which the walls were so thickened as to narrow the calibre to so great an extent that the finger could not pass through.

Dr. Newcourt cited two cases like those described. One was that of a man brought into the hospital in a moribund condition. The

autosy revealed no serious lesion other than that of the entire colon packed full of hardened fæces. He had made some investigations in regard to the anæmia which is relieved by laxatives. He had been engaged in the investigation of the blood of his patients whom he was treating with the chalybeate pill. He concluded to test the efficacy of laxative treatment without iron. Up to a certain point the patients seemed to do just as well as they did under the Blaud's pills, but beyond that the iron was required. He had concluded that a most important factor in the production of anæmia is the imperfect bowel action.

Dr. Greenlees had seen symptoms similar to those described result from fæcal impaction.

Dr. J. M. Anders accepted stercoræmia as a clinical entity and believed also that the fever is sometimes attributable to this cause. In a certain class of cases, however, another explanation must be had. In many of these cases, no doubt the retained fæcal matter acts as a mechanical irritant to the coats of the intestine, setting up a catarrhal condition. This condition is frequently not followed by diarrhœa, but tends to increase the constipation. Owing to this condition absorption is markedly interfered with. In many of these cases, indeed, there was no doubt that the final condition, fæcal impaction, stands in the relation of cause rather than that of effect.

Dr. S. Solis-Cohen had seen several similar cases. One remarkable case occurred in connection with laryngeal ulceration. The early symptoms pointed somewhat to typhoid, but the later course of the case was such that this disease could not be diagnosticated. It was decided to be a case of stercoræmia and was promptly relieved. In another case he was summoned in great haste to a patient of a homœopath who was said to be dying of "pneumonia." Physical examination showed entire absence of pneumonia. There was rapid breathing, great depression, temperature 102° or 103°. Impaction of fæces was discovered and treatment promptly dissipated the supposed threatening pneumonia. In the clinic of Dr. Bartholow, of Philadelphia, several women presented themselves who feared that they had committed the unpardonable sin. Dr. Bartholow diagnosticated the cases as those of obstinate constipation. Gross had given us the term, "incontinence of retention," and so we might say, the diarrhœa of constipation. Among the other blunders of diagnosis which had come under his observation, he cited a case in which confusion had arisen between fæcal impaction with its attendant pain and renal colic, in which irrigation of the bowel promptly dissipated the symptoms.

In closing the discussion Dr. Christopher said he had seen confusion between fæcal impaction and renal colic. Not long ago a patient had presented himself who supposed that he was suffering from the passage of a gall-stone. Being always inclined to test the possibility of its being due to fæcal impaction, he ordered copious injection of hot water. The pain was much ameliorated by the enemata, but after a few days the patient again presented himself carrying with him a renal calculus which he had passed. Yet an important lesson was found in the fact that the hot water injections to so great an extent relieved the pain of the renal colic. If the treatment of diarrhœa with bismuth and opium were given up and it were treated as it was fifty years, by the administration of a copious dose of calomel, our results would be better. Many of the diseases which go by the name of "itis" at their termination are due to auto-intoxication from retained fæces.

HYSTERICAL FEVER. — Pucci concludes ("Jour. of Nerv. and Ment. Disease") that there is an hysterical fever, which, as a rule, is produced by paralysis of the inhibitory heat centers, but may result from excitation of the thermogenetic centers. It may occur in young marriageable chaste women, but in adults is most frequent in widows and wives. Salomone-Marino has found it most intense and obstinate in women who lead immoral lives. If it appear during pregnancy it does not disturb it nor does it affect the fœtus. As a rule it follows other hysterical symptoms, but it may be among the prodromata. Other hysterical symptoms usually accompany it and are aggravated during the hyperpyrexia. The type present may be the quotidian or tertian intermittent and the remittent or subcutaneous type, in which case the meningitic-typhoid type results. The temperature may rise high, but may fall to 95° during the apyrexia, or even lower in cases of acute hysterical insanity. The mental condition may be disturbed but nutrition usually remains unimpaired.

PHENACETIN IN PNEUMONIA.—Dr. Bailey in a discussion on pneumonia before the Section on Practice stated that phenacetin could safely be used as an antipyretic in pneumonia. It was as efficient as external applications of cold water, and no more depressing to the heart.

WAS IT ACUTE SUPPURATIVE HEPATITIS?

BY J. A. ELDRIDGE, M. D., WAREHAM, MASS.

May 24, 1892, I was called to attend an Italian nail maker (employed in the Tremont nail works) who had been suffering for several days from a pain in his stomach, or, as he expressed it, from general weakness. Nine days previously he had been so ill that he had to stop work. He must have been very sick, for the Italians do not stop their work for trifles, as their ultimate object is to accumulate enough to purchase a homestead, and perhaps a title in sunny Italy. The patient was about thirty-eight years old and a laborious, steady workman. His health previous to the present attack had been excellent. When first seen he was in bed and presented an anæmic deeply jaundiced appearance. He complained of a dull ache over the epigastrium. His temperature, pulse and respiration were normal. I ordered a mercurial cathartic to be followed by a brisk saline purge, and advised him to keep in bed.

The next day I found him very comfortable, with a temperature of 99°, pulse 80, and respiration 20. The bowels had not moved. Percussion revealed hepatic dullness extending somewhat below the free margin of the ribs on the right side. Sodium phosphate was prescribed in full doses frequently repeated, and a nourishing diet ordered.

May 26.—Temperature 100°, pulse 90, and respiration 22. The urine contains (sp. gr. 1.020) small quantities of albumen and bile. The tenderness at the epigastrium is not as well marked. The hepatic dullness was increasing as it extended well around the axillary line; bowels had not moved. Prescribed compound powder of jalap.

May 27.—Patient feels nicely, temperature being 101°, pulse 95 and respiration 26. His bowels moved freely; white pasty stools. He perspired freely during the night. I prescribed quinine sulphate in five-grain doses every three hours.

May 28.—Temperature 102°, pulse 108 and respiration 30. The hepatic dullness is still increasing, reaching about two and one-half inches below the free margin of the ribs and extending well around to the axillary line. He complained of pain in right shoulder tip. His tongue was furred white with red margin. Bowels moved several times within the last twenty-four hours. Jaundice has increased. He still complains of the dull epigastric pain and along the convex borders of the right lobe of the liver. He takes quite a quantity of nourishment. He is comfortable. Quinine sulphate ordered in increased doses.

May 29.—Temperature 102½°, pulse 110 and respiration 30. Bowels moved three or four times during 24 hours. He still takes plenty of nourishment. Quinine dose increased.

May 30.—Found temperature reduced to 100°. The patient was quite deaf from the cinchona alkaloid. His tongue looks no better. He sleeps very little. Reduced antipyretic and ordered cool bathing.

May 31.—The patient has been somewhat delirious during the night. He had been up and walked from his bedroom to the kitchen, drank two quarts of hop-beer, then went to the door, standing where the wind blew on him. He said he got completely cooled off. His temperature was up to 102°.

June 1.—Found patient rational. Temperature 103°, in spite of large doses of antipyretic; pulse 115, respiration 34. I could not perceive any fluctuation along the line of hepatic dullness or anywhere about the chest. Urine still albuminous.

June 2.—Temperature 104°, pulse 128 and respiration 38. The patient loses flesh rapidly, and has exhausting night sweats. He looks wild and excited, and seems quite delirious at times. Hepatic dullness increases. His tongue looks no better. He takes large amount of nourishment and his bowels move freely. Advised moderate amount of stimulants, together with quinine sulphate and nourishing food.

June 3.—Temperature 105°, pulse 135, respiration 42. Patient had a chill during the night. Exploratory puncture of liver advised. Hepatic suppuration suspected.

June 4.—The pulse was 140, temperature 105½°, respiration 48. There was an increased area of dullness over the hepatic region. There was well marked muscular tremor, but no delirium. Dyspnœa and jaundice increased. There were three or four white pasty stools during twenty-four hours. The night sweats continued. The urine was markedly albuminous and contained much bile. Calling in a medical friend I aspirated the liver with a small needle. I made a puncture between the eighth and ninth rib

midway between the axillary and mammary lines. I pushed my needle in gradually, expecting to meet with pus, but did not seem to strike any. We withdrew blood and serum. I then took away sixteen ounces from the median cephalic vein. The patient felt relieved after the venesection, and did not complain of any pain or evince syncope. The patient rallied at 6 p. m. and said he felt very well. His temperature was 103°, pulse 110 and respiration 30. Kept up the quinine sulphate. Hot applications.

June 5, 9 a. m.—Temperature 102°, pulse 100, respirations 28. There were no evidences of intestinal distention; no chills, but the area of dullness still well marked. The jaundice seems to diminish. At 8:30 a. m. the patient died. Autopsy refused.

Did this man die of septic infection from metastatic hepatic abscesses?

SOME discussion regarding the permeability of the deep urethra and bladder to fluids injected into the urethra without an injection tube or catheter has recently arisen in the "Journal of Cutaneous and Venereal Diseases." Ten years ago Dr. G. Frank Lydston, of Chicago, called the attention of his classes to the practicability of this procedure. He first demonstrated the fact that the patient, by volitional effort at micturition, could relax a spasmodically contracted cut-off muscle, thus facilitating the passage of a catheter or sound in cases of irritable urethra and spasmodic stricture. He afterward applied this to vesical irrigation, and first, by experiment upon himself, proved the practicality of the new procedure. Dr. Lydston has for some years been practicing this method in cystitis and posterior urethritis. He does not claim that it is always feasible, but admits exceptions incidental to prostatic obstruction, vesical neoplasms, etc.

BISMUTH SUBNITRATE AS A FUNIS DRESSING.—Dr. Stuart ("Med. News") recommends a piece of lint, with a hole just small enough to permit the cord to be passed through it, be applied and pushed down to the abdomen, the belly wall around the cord having been previously dusted with bismuth subnitrate: bismuth enough to completely bury the cord is applied, the lint is folded over smoothly and the binder applied. The advantages claimed for this method are that the application only has to be made once, as the parts need not be disturbed till the cord drops off.

TREATMENT OF SUMMER COMPLAINT.—Dr. I. N. Love ("Dietetic Gaz.") states that if there be a history of several days' looseness of the bowels, or the evacuations are frequent, it may be well to give a mild antacid, pleasant in effect, and to this end the following is most excellent:

℞ Listerine .....dr. 2
Glycerin..... " 2
Best brandy..... " 2
Syr. tolu..... " 2
Essence of pepsin.....oz. 1
Mix. Dose, a teaspoonful every two hours.

The remark may be made regarding this combination that the listerine interferes with the action of the pepsin. But chemical truths are often false therapeutically and clinically, and it matters not what the dictum of the chemist may be regarding this fact if the therapeutic result and the clinical experience justify the combination. Regarding foods, it may be necessary at times to withdraw all milk. In this case the expressed juice of rare steak, secured by means of the lemon squeezer, which can be purchased in the shop, is admirable. In some cases the old-fashioned beef tea or bouillon or mutton broth serves well, well salted. The child often likes the tangible salt taste of these foods, and they may be given ice cold, being often preferred this way by the child, as they allay thirst and would be refused if given hot.

ARISTOL IN CERVIX CARCINOMA.—Without desiring to attribute any curative effects to aristol in carcinoma in general, Dr. Eug. Arcoleo believes ("Weekly Med. Rev.") that it is a remedy which is worthy of use in the symptomatic treatment of carcinoma of the cervix uteri. Daily insufflations of the powder produce a marked and rapid diminution of the pain; of the number and frequency of the hæmorrhages; of the ichorous secretion; of the peculiar fœtid odor of that secretion. As the action of aristol is local, toxic effects need not be feared.

OVARIAN TUMOR COMPLICATIONS.—Dr. W. C. Glasgow, of St. Louis, reports ("Medical Fortnightly") a case of vertical displacement of the heart by an ovarian tumor with a systolic murmur produced by the bending of the aorta. The murmur was evidently formed in the aorta and was caused by the bending of this vessel to an almost acute angle through the vertical displacement of the heart by the ovarian tumor.

ARSENIC IN LEUKÆMIA.

BY W. S. THAYER, M. D., BALTIMORE.

A thirty-year-old negro entered Johns-Hopkins Hospital, September 15, 1890, complaining of shortness of breath, swelling of feet and great swelling of abdomen. The spleen was found to be enormously enlarged, filling up the whole of the left side of the abdomen and reaching beyond the median line. Examination of the blood showed one white to four red corpuscles There was no history of malaria. He was placed upon Fowler's solution, three minims thrice daily increased by one minim every other day until physiological effects appeared. In about four weeks, the proportion of white to red corpuscles was one to seventeen. He then returned home to Virginia and ceased to take medicine. He came back again Jan. 29, 1891, his blood at that time showing a proportion of one white to three red corpuscles. He was put upon arsenic, and within nineteen days the leucocytosis had entirely disappeared.

May 27 he went away feeling very much better. His white corpuscles were normal and his red corpuscles numbered 4,000,000 in the cubic millimetre. His spleen, which had touched on the right Poupart's ligament, was reduced in size, extending only a hand's breadth below the costal margin. He took arsenic in increasing doses until the dose reached twelve or thirteen minims thrice daily. When physiological symptoms appeared, the dose was reduced and then started up again. He took twelve minims regularly for a matter of two months without any symptoms. Nothing was heard of the patient for eight and a half months.

February 9, 1892, he returned. He said he had felt perfectly well until last Christmas. An examination revealed that his spleen was larger than ever before, legs œdematous and a proportion of one white to every nine red corpuscles. After a week's treatment in the dispensary, he was admitted to the hospital where he has been for four weeks. During this time the red corpuscles have increased from 2,700,000 to 3,400,000 and the white have diminished so that the proportion instead of being one to nine is now one to thirty-five. He has gained ten pounds. His spleen is somewhat diminished in size, and his general condition has improved very much. His reaction to arsenic each time has been very striking. It is in this condition with enlarged spleen, that treatment seems to do most good.

*Md. Clinical Soc. Trans. Cond.

ABSENCE OF ANUS.—Dr. D. G. Sharpe, of Cassopolis, reports the case ("Med. World") of a multipara who was delivered after normal labor of a ten-pound, well-nourished child whose anus and external genitalia were absent. It lived twenty hours. Dr. J. K. Murray ("Lancet") reports the case of a three-weeks-old well-developed child in whom a dimple marked the place of the anus, and the fæces were passed by the vagina. On cutting down on the normal site of the anus, dividing the tissues in the middle line to the depth of an inch and a half, he could find no rectal cul-de-sac. The depth of the wound precluded further dissection. To get freer access he partially divided the posterior vaginal wall, and, having passed a probe into the posterior fornix vaginæ, he at last succeeded in making it enter the bowel. By inserting his forefinger into the wound he found the point of the probe just a little behind the vaginal wall, and cut down on it. This was followed by a free gush of fæces. He put a stitch in the site of the recto-vaginal septum and closed the vaginal opening by absorbent wool. A bulbous silk catheter was ied in the rectum. The wound was syringed daily. By the third day no fæces escaped per vaginam, The catheter was removed and passed into the bowel four times daily. When seen six months later it was found that a well-formed anus was present, rather nearer the vagina than in the normal perineum. No fæces have escaped since the third day per vaginam.

In this case the dimple marked the arrested deepening of the epiblastic fold which grows into and becomes continuous with the mesenteron. The high site of the rectal cul-de-sac probably indicates a defect in the development of the mesenteron itself. As regards the operation, the main difficulty was in striking the cul-de-sac, which was not distended by fæces, free egress being afforded by the vagina frequently during the operation. Dieffenbach and Barton recommend, if possible, that the cul-de-sac should be detached from the vagina and stitched to the skin. This may be feasible where the cul-de-sac is blind or where it comes low down, but where the cul-de-sac terminates at its communication high up in the fornix vaginæ such a proceeding is difficult, even hazardous. The result in this case shows the tendency of nature to revert to normal channels when such are re-

established. The line of force was in the direction of the wound when defecation took place, consequently the healing of the trench-shape wound formed a natural prolongation of the rectum ending at the skin. Dr. Heaton operated on infant for relief of imperforate anus and penile fistula. The child, an otherwise healthy male infant, had on the under surface of its penis, about three-quarters of an inch from the end of the glans, a small fistula, from which for the first few days of its life a constant discharge of meconium took place. The anus appeared natural, but on examination was found to lead into a blind cul-de-sac. The rectum was found about three-quarters of an inch from the end of the anal cul-de-sac. It was opened and its mucous membrane stitched to the edges of the skin incision. The opening of the fistula into the rectum was on its anterior surface about half an inch from the blind end. The fistula had no connection with the urinary passages. Since operation the child had gained in weight, and at present there was no tendency to contraction of the newly-made anus.

HYSTERICAL ASTASIA ABASIA.—Dr. L. Bremer reports ("Med. Fortnightly") a case of this inability to stand or walk, though the limbs retained full power of motion. The history of the case is as follows: A 49-year-old woman went up in an elevator in a building in this city. When the elevator stopped she suddenly fell forward, and when lifted up was found to be in a semi-unconscious, slightly delirious condition, with paralysis of the lower extremities, at least so far as standing or walking was concerned. This paralysis has remained more or less permanent for two years. The matter was brought into the courts for settlement, the lady claiming that by reason of the sudden stopping of the elevator, due to some defect in the machinery, she fell and sustained an injury to the head, which caused these symptoms. It was shown that the lady could sit without difficulty, and for a long time, but she could neither stand nor walk. When she moved from one place to another it was by tilting forward the chair on which she sat and advancing first one corner then the other. In this way she got around and attended to her household duties. There was no disturbance of sensation, nor of the bladder or rectum. General health was fairly good, though she had lost some flesh. Knee reflexes were normal. In fact there were no objective symptoms. The clinical features were not those of a traumatic neurosis. The woman was of a decidedly hysterical temperament, and a woman with a hysterical temperament might go on for a long time, perhaps until the critical period of life, without showing any objective symptoms, when suddenly the latter would appear. It could not be demonstrated that the elevator stopped suddenly and caused her to fall. In all probability, the time for the hysterical paralysis had arrived, and she became unconscious just as the elevator stopped. This woman was probably perfectly honest, but she had an hysterical attack, and misinterpreted certain results, ascribing her paralysis to an occurrence which never took place. The woman has an exceedingly free use of the limbs but can neither walk nor stand, using a method of locomotion considerably more difficult than walking. It is reasonable to suppose that one who moves around in a chair as she does, could use crutches to advantage. But she does not. In fact she was convinced that she could not stand or walk, and in his judgment this was the main point. It was a paralysis of the will power. Such cases have been cured by hypnotism, which might succeed in this case. A powerful faradic current had also been effective in some instances. But the symptoms were very apt to recur, because the hysterical condition could not be eradicated. This woman would probably recover in time, but would always be more or less subject to such paralyses. The court gave her no damages.

PERICARDIUM FOREIGN BODY.—Dr. Dziembowski reports ("Satellite") the following case: A needle which, by accident, had entered the chest in a slanting direction, was broken off in the endeavor to extract it. The characteristic symptoms were: Lessening of the pulse to 40; afterward a very distinct noise, showing that the heart was chafing against the broken piece of needle that remained in the chest. These symptoms were observed while the patient was in a sitting position; when lying down they appeared in a considerably less degree. An operation showed that the needle had pierced the cartilage of the fourth rib and here stuck out. It was successfully withdrawn without excision of the rib. Improvement followed without any complication.

MASSACHUSETTS has passed a law requiring the detention of luetic inmates of state penal and charitable institutions until the disease is no longer contagious.

TYPHOID AND "TYPHO-MALARIAL" FEVER.*

BY C. G. COMEGYS, M. D., CINCINNATI.

I do not wish to be understood as maintaining the existence of "typho-malarial" fever. That term originated from the statements of the late Dr. Woodward, of the United States army, who made pathological investigations and seemed to have established, really, a differentiation between typhoid and "typho-malarial" fever. But before he died he renounced the views that he so strenuously presented.

I wish to show that the typhoid fever that we used to have does not present the traits of that fever which we now call "typho-malarial;" that there is a difference in symptoms, a marked difference. I do not know when I have seen a case of the old form of typhoid fever; certainly I can not recall more than one in five years, and that was in a mild form. The "typho-malarial" has many of the traits of the old typhoid, but in regard to the febrile movement, it differs in the fact that it begins much higher, like the fever that follows a chill, declines quickly, shoots up again and subsides to nearly normal, then rising again day after day a degree or so, for fifteen days, when a decline commences and goes on with much irregularity to the normal level. The patient has very little delirium or stupor, no diarrhœa, nor dry tongue, nor sordes on the teeth; at the end of the fifteen days convalescence may be established; but after a day or two the fever may be revived and continue irregularly for two weeks or more.

I had a case of a most severe form in a young lady, with a temperature of 106°, which lasted two days and was followed with subnormal pulse and temperature, anuria, and most marked symptoms of uremia. This condition continued for a day or two, when the regular grade of ascending increase began until about the fifetenth day, when there was a sudden fall of the temperature to normal.

In the "typho-malarial" form the head symptoms are very different from those which have been seen so often in typhoid cases; that is to say, there is no stupor, and the line of febrile movement is not characteristic of true typhoid. In the digestive organs, also, we see a difference. The appetite is good, milk is liked generally, the thirst is marked, the tongue is not so dry and not contracted, coated white; it is large, showing the depressions by the teeth on its sides. The tongue belonging to the old typhoid fever is contracted, pointed, red as fire, and covered with dry, nasty crust. As a rule, there is no vomiting. There is constipation of the bowels instead of diarrhœa, so that gentle laxatives, or better, enemata, have to be given. In the typhoid forms there is commonly a loss not only of mind but of appetite. Patients are not thirsty; they do not want food, will never ask for it; they are indifferent to everything, even as to getting well. In the malarial form they are very anxious about the outcome.

Tympanites is not a marked feature in the malarial form. There is not the same amount of tenderness in the right iliac fossa as exists in the typhoid cases. In the latter, at the end of the second week, or earlier, the abdomen is swollen greatly; enlargement of the liver and spleen is more marked. The secretion of the urine is abundant in the former, having no marked trait, except, usually, an increase of the earthy phosphates.

We do not have the hypostatic condition of the lungs in the typho-malarial form that is found in the cases of typhoid. The breathing is better and râles are rare.

The greater adynamia present in the typhoid fever of the old type will explain the difference between it and the typho-malarial fever of the present. We do not see heart failure so often in typho-malarial as in the typhoid; yet the heart must be watched closely. The whole tendency of high fever is destructive to muscular integrity, but by keeping it in check and maintaining the cardiac force we have little to fear.

Neuralgic pains of the abdomen are often found in the typho-malarial form. Slight pressure will often produce intense pain, but by engaging the patient's attention and making stronger pressure you will give relief; thus removing all apprehension of peritonitis.

The adynamia marking the old form of typhoid leads to a weakened condition of the heart's action; a state of enervation follows; the circulation in the brain is involved; it lacks force and quickness, bringing on that stupid condition characteristic of the old typhoid. The adynamia not being so great in the typho-malarial form, the brain is less disturbed. There is no coma

*Cincinnati Med. Soc. Trans. Cond.

vigil, no muttering delirium. If these do exist you are on the line of the old typhoid.

I have had investigations made of the blood of these patients, and the plasmodiæ are not found. So I do not hold at all that this is a malarial, but is a modified form of typhoid that we find nowadays.

As to treatment: I am very fond of the antipyretics. I would give baths very freely if it were not for the inconvenience. A patient, however, should never be put directly into a cold bath; begin with warm water and cool down, taking care of the head by pouring cool water over it. I give the antipyretics pro re nata, trying to keep the temperature down to 101°. The use of the antipyretics is sedative and diaphoretic, and increased tone will be given to the arterial circulation.

It is important that the toxic elements should be eliminated from the blood, hence the value of diaphoresis. It is not good practice to whip up the heart with stimulants, when often all that is necessary is to unload the blood of its toxic principles through the skin.

I am always looking out for hæmorrhage in such cases. It is a very serious complication. I have seen the value of castor-oil purgations for the relief of intestinal hæmorrhage. I tell the family that if any blood appears to begin the use of castor oil, a tablespoonful every hour, until it appears in the stools. For severe epistaxis nothing, in my experience, is equal to injections of water, as hot as can be borne, into and through the nostrils, until it ceases.

I give stimulants for their tonic effect. One to three teaspoonfuls every three hours, especially with phenacetin or acetanilid to prevent cyanosis.

If the tympanites be very great I have a cold pack put around the abdomen, which increases the tone of the intestinal muscles, and the gas is expelled.

If symptoms of meningitis show themselves I direct that cold water be poured from a height of two feet over the face and scalp, for ten or fifteen minutes at a time, and I give ten or fifteen grains of potassium iodide in lemonade, every four hours, until the condition is ameliorated.

The danger of heart failure in high fever is imminent. The increase of the fever quickens the heart-beats as much as ten for each degree above the normal. Thus in time of health, at 99°, the heart beats 108,000 times in twenty-four hours. In a state of fever, 104°, the increase in throbs is fifty per minute, or 3,000 per hour, or 72,000 per day. This is an immense expenditure of force calculated to exhaust the heart, and it should be reduced to 100 beats per minute, which would save nearly 30,000 revolutions a day and relieve the strain immensely, and the fever will decline accordingly. This reduction can be effected by cold baths, or by such remedies as acetanilid or phenacetin, and the free sweating which follows this treatment eliminates the toxic elements in the blood. Feed the patient, give a very moderate stimulation, keep the skin and kidneys in active function, and you are giving your patient a rational and safe management. I feel sure that all who have had considerable clinical study of typhoid diseases have readily recognized two types, differing from each other more in degree than in kind. The same organs are affected, but with different expressions of severity; both are due to a similar specific organism, but where the system is more deeply involved in toxicity, the adynamia is more profound in the one than in the other; the tone of the heart and arteries is greatly weakened, the pulse is dicrotic, the capillary circulation in the great organs—the brain, lungs, kidneys, spleen, liver, digestive tract and skin—is functionally in default; hence, the best skill of the practitioner is brought to account. He cannot cut short the disease; he must save, if he can, the fundamental organs from spoliation; like a ship in a tempest, where the captain cannot stop the storm, but must protect his sails and masts to save his vessel from destruction. The preservation and activity of the functions of the skin is his chief reliance. Where perforation supervenes, welcome laparotomy.

URETERAL IMPLANTATION IN THE RECTUM.—Dr. R. Harvey Reed, of Mansfield, Ohio, read a paper before the Surgical Section A. M. A. on implantation of the ureter in the rectum, in which he concludes, from experimentation on dogs, that unilateral implantation of the ureter in the rectum is a practical surgical procedure. Bilateral implantation of the vasa deferentia into the rectum is not followed by detrimental results other than sterility of the animal. Simultaneous implantation of both ureters is a questionable surgical procedure. The rectum readily accommodates itself to the presence of urine. Liquid stools are not necessarily frequent as a result of the procedure. The procedure is indicated in laparotomies needed for removal of neoplastic growths in which one or both ureters are involved and in certain grave bladder disorders.

VERTIGO OF ARTERIO-SCLEROSIS.*

BY ARCHIBALD CHURCH, M. D.,

PROFESSOR OF NEUROLOGY CHICAGO POLICLINIC; LECTURER ON INSANITY, ETC., CHICAGO MEDICAL COLLEGE.

The discussion of a pathologically subjective state is in itself practically impossible, and the difficulty is not lessened when that state is a symptom of many widely differing conditions, some functional and some grossly organic. The term vertigo is therefore undesirable, but for lack of one more definite its employment is a necessity, and in this connection is not open, perhaps, to the emphatic objection that elsewhere obtains. It is in its generic sense that I wish to use it.

In a very recent and comprehensive article, Suckling takes up the subject of vertigo, and in a way describes it as the consciousness of disordered equilibration, showing that it may exist from want of harmony in the impressions received from any of the senses, and possibly from the sensibility of the viscera as well; but it is not my present purpose to direct attention to the physiology of equilibration, or to take up the interesting topic of coördination, which is closely associated therewith. Suckling. clinically, classifies the forms of vertigo as aural, ocular, vascular, dyspeptic, nervous, epileptic, toxic, of organic brain-disease, and from reflex irritation, but says nothing specifically of the vertigo of arterio-sclerosis. Most writers, either on vertigo or on arterio-sclerosis, are equally silent; yet vertigo may be, and often is, as will be urged farther on, a signal symptom of this arterial state, the proper recognition of which may lead to such treatment as will obviate organic disease of the brain, kidneys, liver, and other important structures, and many times definitively prolong life.

It is only of late years that arterial changes have been given the importance in pathology and in clinical medicine that they deserve. The degeneration of senility, the modifications found in gout, rheumatism, chronic metallic poisoning, syphilis, and those associated with alcoholism, chronic nephritis, and many other serious maladies, make it imperative that we recognize at the earliest moment the presence of a change in the artery that may in many instances, in the early stage, be amenable to treatment, but which otherwise soon passes beyond the possibility of medical control. Atheroma is not here synonymous by any means. It is the pre-atheromatous condition with which we have to deal, and it is the vertigo symptomatic of that arterial fibrosis to which attention is directed. As a matter of demonstrable fact, this arterial state is widely and generally disseminated in these cases but the complexion of the disease varies with its local intensity. In some instances a contracted kidney, in others angina pectoris, in others the cerebral symptoms are the prominent feature, and of the brain-symptoms the earliest is vertigo, and the last cerebral hæmorrhage or dementia.

When a man, past the prime of life, without any previous serious illness, becomes suddenly faint, has a swimming in the head, a feeling of giddiness, of distinct gyration, of darkness and impending death—one or several of these sensations—he usually at once seeks advice in grave apprehension (sometimes well founded) of approaching cerebral hæmo:rhage, and usually gets a cholagogue cathartic, or is told that his stomach is wrong, and sometimes is told rightly. But cases are constantly presenting themselves in which such vertiginous attacks are happening at shortening intervals; the patient gives up his tobacco, his spirits, if he is a drinker, cuts down his meat, takes to some of the many waters recommended, has Turkish baths, and gains only moderate relief, or none at all. If he be carefully examined, he will probably present a well-defined tortuous frontal artery, a distinct arcus senilis, a strong, even a clanging second sound of the heart, sometimes reduplicated, and yield a sphygmogram indicative of increased arterial tension. The pulse may be abnormally slow or arhythmic, the urine scant, and a trace of albumin is not rare. He finds that exertion of a moderate degree precipitates the attack, that he cannot endure a temperature at all above the usual, and often a change of position from recumbency to the upright is the occasion of a "blur" or of giddiness.

The attack itself is, as already indicated, widely variable in different patients. A fulness and throbbing in the head, a feeling of heat in the scalp, and a blur before the eyes are usually mentioned, and at such times marked paleness is noticed, followed, as a rule, by considerable

*Amer. Med. Assoc. Trans. Cond.

redness of the face. There is a desire to get in the open air, and badly ventilated or close apartments are unendurable. An habitual smoker will sometimes find tobacco smoke repugnant. In more severe forms the patient may stagger, fall, or gradually sink to the ground; he cannot speak for a few seconds, though consciousness is rarely completely lost. The recumbent position is usually sought, or the patient clings to some object, and after a period of from five to twenty minutes the feeling passes away, leaving him rather languid, with an inclination to sleep, and usually mentally depressed and apprehensive. At first he attributes the attack to anything and everything that in his estimation can cause a departure from health, and usually establishes a close watch upon his diet, habits, and mode of life; is inclined to avoid exercise and exertion of any sort, fearing to precipitate an attack, or to go by himself on the streets—in short, becomes an invalid with hypochondriacal tendencies.

In a remarkable monograph on this subject, Professor J. Grasset,* of Montpelier, divides the vertigo of arterio-sclerosis into three forms: (1) Simple vertigo; (2) Vertigo with epileptiform crises; (3) Vertigo with slow pulse and syncopal or epileptiform attacks. Some of the features of the slighter attacks, as already roughly sketched, undoubtedly suggest a similarity to mild epileptic seizures—for instance the paleness of the face, the oppression and the final confusion, depression and tendency to sleep—but personally I have never encountered well-marked convulsive phenomena reasonably attributable to this cause.

With Huchard, Grasset is in some cases inclined to attribute acquired habitual extreme slowness of the pulse, which, in numerous reported instances, has ranged from twenty to forty per minute, or even less, to the effect upon the medulla of an arterio-sclerosis acting mechanically to lessen the blood-supply to the cardiac centers. As far as I have been able to ascertain, this hypothesis has, as yet, received no positve anatomic or experimental support, though it is seductively reasonable. The bradycardia is almost always marked by syncopal and vertiginous features, and arises in individuals predisposed to or actually the subject of marked arterio-fibrosis.

The diagnosis is often one of extreme difficulty. Symptomatic vertigo has been confused with Ménière's disease by a very competent specialist in nervous diseases; for it may, as in that particular instance, be of a systematized character—that is to say, marked by a sensation of falling in a given direction, or of being rotated in a constant manner to the right or left, and even associated with a suggestive stagger. If to this a little middle-ear catarrh is added, a diagnosis of aural vertigo might be easily reached, but a closer, wider examination will detect the integrity of the auditory nerve and the presence of the arterial fibrosis, with the underlying predisposition of alcoholic excess, syphilis, gout, rheumatism, chronic lead-poisoning, or other constitutional state of ætiological significance.

In the treatment, the basic element is the object of attack; and whatever this may be, potassium iodide will find an indication in the arterial change, which if recognized in its incipiency can practically be controlled, providing the patient is manageable. It is the sheet-anchor, and from its exhibition in moderate doses of from thirty to ninety grains a day for a number of months, much benefit and often a substantial cure can be expected.

Vertigo is a very early symptom of a condition that, neglected, leads to distressing and even fatal results, and which unrecognized is the source of endless anxiety and misery to the patient and of chagrin and disappointment to his medical attendant.

*Du Vertige Cardio-vasculaire, Paris, 1890.

PLACENTA RETENTION.—Dr. N. G. Richmond ("Medical Record") reports the case of a thirty-nine-year-old V-para who had had a miscarriage. Upon visiting her the next day she informed him that the placenta had not been passed. She was not flowing, and her symptoms were favorable. He plugged the vagina, removing the tampon the next day, but the placenta remained. Daily for ten days he visited her, expecting and prepared to remove the placenta should symptoms suggestive of complications appear. She, however, made satisfactory recovery. He dismissed himself from daily attendance, fully explaining to her the state of affairs. During the first month hæmorrhages occurred; after this menstruation became regular. She seemed as well as usual, did her own housework, and walked long distances. She was under his casual observation during this time. Just four months after the miscarriage the placenta came away intact. The patient brought it to his office. It was in a normal condition.

Editorial.

THE "New York Medical Journal" sustains, in the following editorial, a position repeatedly taken in the MEDICAL STANDARD anent the radical defect of the American Medical Association:

Verily the medical profession has progressed since the organization of the American Medical Association, and features of that day and generation are not matters of overwhelming interest to-day. As long as the association devotes so much of its time to the discussion of ethics, carrying it on in such a manner that the report reads: "The excitement was so intense and the discussions so heated that we deem it prudent to omit them," so long will the more prominent members of the American medical profession refrain from attending the meetings. Contrast the programme for the coming meeting of the British Medical Association with that of the recent meeting of our own association! And not only for this, but for many years has the former been infinitely better. It works scientifically; ethical discussions are as alien to it as they are within a first class scientific organization of any sort. Insistence upon such discussions has resulted in the organization of the various special societies, and of the triennial meeting of a general congress of all these societies. Some day the American Medical Association will realize that tomes on ethics will not be looked upon as its legitimate work, and we hope this awakening will not come too late to enable the association to regain the ground it has lost.

The "awakening" has come. The section executive committees are evidence of its appearance. The time is not far distant when ethical "fakes" and the "fathers" will be relegated to the limbo of deserved obscurity to the infinite benefit of American medical science. Science and cant don't agree. The capital of the "fathers" has been "ethical" cant as an advertising dodge.

THE increasing number of medical-practice acts rendered necessary the conference of examining boards at Washington in 1891. These have effected a permanent organization with the following officers: Dr. John H. Rauch, of Springfield, Ill., president; Dr. Wm. W. Potter, of Buffalo, N. Y., vice-president; and Dr. Hugh M. Taylor, of Richmond, Va., secretary and treasurer. The objects of this organization are to elevate the moral and mental tone of the medical profession, to divorce the medical licensing from the teaching powers, to encourage the establishment of medical examining and licensing boards, to secure harmony of action throughout the union by the interchange of thought and experience, and to attain, as far as practicable, a uniformity of requirements for practice in the several states. The annual meetings are to be held during the second day and at the place of meeting of the American Medical Association. Active and ex-members of the state medical examining and licensing boards are eligible to membership. No action of the conference is in any way binding upon the respective boards through the members who may participate in the conference—the sole mission of the conference being the diffusion of knowledge relative to the work of examining and licensing boards, and no board as a board is represented or committed; but the active and ex-members participate in the meetings and give and receive information which will help them in their work. There are many vexed questions in medical legislation which can best be served by this body, and it should receive the hearty support of the profession.

DR. LEFFINGWELL in a recent work makes the following contribution to the statistics of illegitimacy: Ireland has the smallest number of illegitimate births, 26 in 1,000. Next comes Russia with 28 in 1,000. Then Holland and Germany with 32 in 1,000. England jumps up to 48 in 1,000. Sunny Italy 74 in 1,000. Protestant Scotland makes a bad showing at 82 in 1,000, and Catholic France also records 82 in 1,000. But Norway, Sweden, Saxony and Bavaria do still worse, as their illegitimates number from 100 to 140 in 1,000. The worst place of all is Catholic Austria with 146 in 1,000! The influence of morality, however, is much less in determining illegitimacy than would at first be assumed. Ireland has four factors tending against illegitimacy: Easy marriage, absence of prudential prejudices against early marriage, absence of manufacturing establishments and the influence of the old clan system by which the whole clan felt an insult offered to one member. The illegitimacy rate among the Irish rises enormously when these four factors cease to operate. In Catholic Austria legal marriage is difficult, whence unions result which are permanent and would be legal in other countries. The most important moral factor in the case of the Irish is the old clan system which has long retained its force and stigmatizes to some extent the male. Commercial civilization tends to increase illegitimacy by enforcing prudential restraints on marriage. Laws allowing the male parent to legitimatize the offspring by acknowledgment decrease illegitimacy rates.

Leffingwell makes the curious assumption that miscegenation among American whites and blacks is on the increase. It would be difficult to produce justification for this notion.

DISCUSSING skatological literature the "British Medical Journal" says:

Probably most of us who have studied ancient prescriptions, and read with disgust the list of horrible ingredients which patients in the olden time had to swallow, thought that the Greek, Roman, and medieval physicians had very nasty ideas, and prescribed filthy remedies without any other reason than caprice and the desire to be mysterious. Investigators of folk-medicine are not inclined to dismiss the subject of the pharmacy of the past quite so contemptuously, and, as the ethnologist does not call anything "common or unclean" which throws light on the habits and ideas of the human race, it is scarcely surprising that learned treatises are being written on ordure and urine in medicine. Occult influences have been everywhere ascribed to ordure and urine and other excrementitious remedies. Hair, human saliva, ear wax, human sweat, after-birth and lochia, catamenial fluid, human semen, human blood, brain, moss growing on human skulls, lice, the tartar from human teeth, renal and biliary calculi, human bile, bezoar stones, and a host of other disgusting "remedies" have been used from time immemorial, and some are used at this day as medicines for various ailments. Pills made from the dung of the Grand Llama of Thibet are used as infallible antidotes to disease. From the days of Pliny the dung of almost every kind of animal has been used in medicine. Dog dung mixed with honey was prescribed for soar throat, and wolf dung as an anti-colic. Goat dung was considered of great value in tumor of the spleen, and cat dung for gout in the feet. Lion dung was an anti-epileptic, and mouse dung in the constipation of children. Dr. Jacob Hunerwolf, in 1694, actually wrote a treatise on mouse dung as a laxative, in which he very highly extolled the remedy. Human urine is considered in many places as a most valuable tonic medicine. Daniel Beckherius ("Medicus Microcosmus," London, 1660,) recommends a drink of one's own urine, taken while fasting, for obstruction of the liver and spleen, for dropsy and jaundice. The urine of boys was recommended in fevers, and a "spirit of urine" was distilled for the gout.

Although "Mark Twain" credits homœopathy with driving such products from medicine, similar products are used now by homœopathists alone, and for sale with similar products like psorin or itch pus, among the "nosodes" of a homœopathic pharmacist.

THE Chicago Medico-Legal Society seems to be singularly unfortunate in its attempts to protect the interests of the medical profession. Founded for purposes of "mutual protection against blackmail," its first president (with the best intentions possible) endorsed and loyally supported the vilest and meanest blackmailing scheme ever devised by any sensation scavenger that received a penitentiary sentence. Its present president, acting in his judicial capacity, has, after very demagogic remarks, cut the fees of two leaders of the medical profession far below what he would dare to do in the case of lawyers of similar status. A dipsomaniac sheet interested in inebriety cure "fakes" has been punishing the medical profession for its exposés of such "fakes" by denunciation of medical fees. This judicial demagogue, whose term expires this fall, evidently hopes to secure a renomination through the favor of this inebriate sheet.

VICTOR HUGO says ("L'Homme qui Rit") anent a sect that practiced very sinister prosthetic surgery:

The "comprachicos" were a bizarrely hideous, nomad association famous in the seventeenth century, forgotten in the eighteenth and unknown today.

They were honest men. They opened a door, entered, bargained for a child, paid and carried it away .. The comprachicos were Christians and even good Christians as befits an association which had its origin in pious Spain.

Commenting on this statement the MEDICAL STANDARD some years ago (Vol. VIII, p 123) said:

The artificial manufacture of "freaks" by these procedures, however, lasted much longer than Victor Hugo indicates in his quasi-historical remarks. In the early part of the present century, a Dr. Harper was detected in England in the manufacture of "freaks" for the English and continental market ("Chicago Medical Review", Vol. III.) He twisted a child's head in an apparatus devised by himself, so that it would look permanently over one shoulder. He grafted a rat's tail on a child's nose. He manufactured "double monsters" by removing from the backs of two children slips of flesh and allowing the wounds to cicatrize together. After the children recovered, they were taught music, dancing, French and Italian. He was particularly strict about their observance of the Sabbath. He had a regular catalogue of prices to showmen who were allowed a discount when the subject was furnished.

The following account of French legislation demonstrates that Victor Hugo's "comprachicos" still exist in Spain, ("Medical Record", Vol. XLII, p. 26) and practice prosthetic surgery from the old mixed motives:

There are in Paris some twenty *culs-de-jattes* or beggars without legs whose condition has been brought about by art. In Spain there are wretches who buy children (generally selecting the infirm, deformed or idiotic) from their parents. When these unfortunates reach seven or eight their legs are swathed so tight as to stop the circulation. The limbs thus atrophy, but when the child is exceptionally strong only one leg is a "success"; the other being merely anchylosed. In this cruel business perverted religion plays a part; the children being made to believe that they are gaining paradise. The parents receive a dime a day for a year, this being doubled if their child is blind or has lost an arm. In 1887 the French minister of the interior forbad these *culs-de-jattes* to enter French territory.

The manufacture of "freaks" was practiced from very early times. Dr. Ebers in "Uarda" depicts an Egyptian procedure of the time of Rameses II of this type. Victor Hugo insists with very great probability (justified by the work of Dr. Conquest) that anæsthetics were used by the "comprachicos". The plot of "L'Homme

qui Rit" turns on the transformation of the son of an English adherent of the Commonwealth into an ever-laughing "freak".

WHEN Dr. Mulheron said, in a somewhat Hibernically bovine style several years ago, that the "rectum" was the "womb" of the future, he hardly anticipated that the moral nature would be treated by excising mythical rectal "pockets," still less did he expect that medico-literary researches anent the termination of the rectum would divide with the Pythagorean bean the serious consideration of the sober Bostonese. Cases of "musical anus" have led one Bostonian to discover that Dante referred to this phenomenon, while still another ("Medical Record") exhibits the following appalling erudition anent this odorous, sonorous subject:

Mortaigne, in one of his many essays interesting to medical men ("On the Force of Imagination"), gives the following: "St. Augustin (de Civit. Dei xiv 24 and the Comment. of Vives *in loco*) speaks of having seen a man who could command his back trumpet to sound as often as he pleased, and Vives supports this statement with another example in his time who could do this in tone.

THE "Union Signal," the organ of the "alcoholophobists," advises, on the authority of Dr. N. S. Davis, a "non-alcoholic treatment" of states of unconsciousness, the chief element of which is spirits ammonia aromatic. How this 50 per cent alcoholic preparation can be designated as "non-alcoholic" other than in a Pickwickian sense, must puzzle all but "alcoholophobists."

THE "New York Medical Record" states that in a New York City hospital, a dangerous operation was being performed upon a woman. Old Dr. A——, a quaint German, full of kindly wit and professional enthusiasm, had several younger physicians with him. One of them was administering the ether. He became so interested in the old doctor's work that he withdrew the cone from the patient's nostrils, and she half roused and rose to a sitting posture, looking with wild-eyed amazement over the surroundings. It was a critical period, and Dr. A—— did not want to be interrupted. "Lay down dere, voman," he commanded, gruffly. "You haf more curiosity as a medical student." She lay down, and the operation went on.

THE Illinois Supreme Court has rendered the following decision which is of interest to physicians in attendance on victims of railroad accidents:

Where the plaintiff in an action to recover damages for a personal injury, alleges that he was compelled to and did pay out and expend large sums of money in and about being cured of his injuries, it will not be sufficient for him to prove merely that he has paid a certain physician's bill in order to its recovery, but he must also show that by reason of his injuries he necessarily incurred such bill and that it is reasonable. In such case the court, on specific objection, may, before admitting proof of the plaintiff's liability incurred in curing himself and its amount and reasonableness, require an assurance from counsel that he will follow up the evidence by proof of payment. On failure to prove that such a bill has been paid, defendant should move to exclude all evidence in relation to the physician's bill, or ask the court to instruct the jury to disregard it. Where the question of a physician's qualifications and right to practice in his profession arises only collaterally, proof that he has practiced medicine in the state for a long time will show prima facie that he was lawfully entitled to practice. But if he were to sue to recover for professional services, he would doubtless have to show affirmatively his compliance with the law regulating the practice of medicine

DR. MEAD, an English "society" physician of the early eighteenth century, exhibited a rather peculiar variety of sexual perversion. He had intense pleasure from combing the hair of nude females. He was a regular visitor at the Turk's Head, on Gerrard street, where a waiter had a standing order to supply him with females having fine heads of hair that he might indulge his passion for combing.

REESE, in his "Medical Jurisprudence," makes the following remarkable blunder anent medical practice:

"While the law prescribes no one absolute system of medicine, a practitioner is expected to practice according to the system he professes and avows; a departure from this system, if accompanied with some serious or fatal mistake of remedy, would render him justly amenable to a criminal charge. Hence, a regular practitioner, and one employed as such, if he should surreptitiously, and without the patient's consent, use homœopathic or botanical treatment to the detriment of his patient, would clearly be liable for damages to the latter; and moreover, he could not recover his compensation for attendance, in a suit at law, because he had departed from his avowed system of practice. For the same reason, a homœopathic or botanical physician, practicing either of these systems avowedly, if he should have employed the regular system, instead of his own, and his patient fail to make a good recovery, would equally be held liable for damages, and would equally be exposed to a nonsuit in any attempt to collect his fee, in a civil court."

There is no "regular" system of practice in the label sense in which the term is here used. The distinction between the physicians and the sectarians turns entirely on the use of the label. A physician makes an implied contract with his patient that he will use any remedy needed in the case. The same is true of the eclectic. The homœopath, botanic and physio-medicalist are guilty of malpractice if they use remedies other than those indicated by their label, and are guilty also of obtaining money under false pretenses in such event.

AMONG the materia medica of the Massachusetts Medical Society pharmacopœia, compiled in 1807, are aconite, Botany-bay gum tree, æsculus hippocastaneum, balm of Gilead, apium petroselinum, uva ursa, aristolochia serpentaria, burdock, pleurisy root, carduus marinus, lobelia, phytolacca decandra, rhus toxicodendron, viola odorata, xanthoxylum, and several other remedies supposed by homœopaths and eclectics to be peculiar to their pharmacopœia.

DR. THEOPHILUS PARVIN, discussing the "influence of maternal impressions upon the fœtus," cites ("Internat. Med. Mag.") Dr. Fordyce Barker as stating that:

"Three of the most distinguished writers of fiction in modern times have based incidents on this belief, in a way which they would not have done if they had supposed these incidents would be rejected by their readers as improbable. Goethe, in his 'Elective Affinities,' describes a case in which strong mental impressions at the time of conception, or soon after, affected the child. Sir Walter Scott, in the 'Fortunes of Nigel,' explains the extreme horror which a drawn sword always excited in James I., owing to the brutal murder of Rizzio having been committed in the presence of his unfortunate mother before he saw the light. The theory of maternal impressions is the ground work on which is constructed 'Elsie Venner,' that remarkable novel by Oliver Wendell Holmes."

Dr. Parvin further points out that:

Sir Walter Scott in "Redgauntlet" plainly avowed his faith in the influence of maternal impressions upon the fœtus. Redgauntlet's "horse-shoe frown" is continued through several generations. In one of the Grimm's "Fables" a like belief is indicated. In a Scandinavian novel, entitled "Released," by Elin Ameen, a most thrilling narrative relating to such impressions is found. A young wife, two months pregnant, has a husband working in a factory; an accidental explosion occurs, he is killed, and his mangled corpse, every limb and feature torn out of recognition, is brought home, and she falls fainting to the ground at the dreadful shock. Seven months after her child is born, a boy, with only one arm and no lower limbs. The story goes on to tell with deepest pathos, how the mother, dwelling upon the sad fate of her helpless child when she can no longer care for him, determines that she will release him from it, and so, after baptizing him, believing that without baptism the little Hans cannot meet his father Hans in heaven, places him in his cradle, and, putting a pillow over his face, suffocates him. "No more tears for Hans!" she says. Later we see her in her convict cell, pining away her life with no hope in this world, and, since the priest has told her she must repent, and she cannot, none in the next. "But I released my boy!"

Dickens in "Barnaby Rudge" illustrates the results of a maternal impression. Barnaby is born an imbecile with a horror of blood, because his father's crime is revealed, under circumstances of horror, to his mother. In Charles Reade's "Put Yourself in His Place," the bursting of a grindstone kills a workman and renders his unborn child an imbecile. Hawthorne in the "Scarlet Letter" enunciates anent Pearl, the daughter of Hester, and Mr. Dimmesdale much the same views of maternal impressions that Dr. Holmes does in "Elsie Venner."

THE "Medical Era" soberly cites from the 'British Journal of Homœopathy" the following method of what it calls "moonshine" potencies by the "bottle-washing" method:

"The employment of dilutions above the 200th being an advance on the practice of Hahnemann, who rarely used anything higher than the 30th, a corresponding advance in the method of preparation has been found necessary. The time requisite to prepare the 1m. dilution according to his directions would be so great that in all probability one could never rely on getting the potencies desired by that means. To illustrate this difficulty, I here quote a paragraph from a paper by Dr. Rhees ('Medical Advance,' October, 1891). The writer calculated that 'a man in good health could make the 1m. in 4¼ days of eight hours each, by constant unintermitting labor, providing his arm held out. At the same rate, the CM. would require 416 days, and the MM. thirteen years. The time in each case might be reduced by one-half by measuring the alcohol instead of dropping it. Thus, the time required to raise one remedy from the tincture to the CM potency by the quickest process viz.: by measuring the alcohol instead of dropping it, is 208 days. To raise 200 of the most important remedies would require more than 132 years, and you would then have only a single drachm of each potency.' To overcome this great obstacle of time, what is known as the 'fluxion process' has been devised. This process consists, briefly, in allowing a stream of water to flow into a vessel containing a measured quantity of fluid, by means of a tube carried down to the bottom of it. Connected with this there is a clockwork mechanism, by means of which the vessel is rapidly filled and emptied a given number of times relatively to the potency required; and in this way the highest dilutions can be prepared in a comparatively short time. It will be at once observed, however, that whatever advantage this method may possess in saving time, it can hardly be so accurate as the hand method. Calculations have indeed been made which show, or are alleged to show, that the dilutions prepared by the fluxion process are not really what they profess to be. Thus, it has been asserted that the CM.'s produced by Swan and by Fincke are in reality only equal to the 15,000th. if prepared by hand on the Hahnemannian centesimal scale. In view of the doubts that have been raised as to the true degree of attenuation of these drugs, it might be more satisfactory to employ only the hand-made preparations. In that case we would be certain that the dilutions were really what they were numbered, though, by this restriction, we could never go beyond the 200th, that, I understand, being the highest hand-made potency."

Under the Hahnemannian notion that "dynamization" was produced by animal magnetization, high potencies produced by this "bottle-washing" would seem to be contra-indicated.

THE American Neurological Association took a step in the right direction when it adopted the following resolution:

"It is the unanimous sense of the American Neurological Association that the proper care of the epileptic class, so long delayed, be urged upon the public, upon state authorities, and especially upon all interested in the care of the sick and defective poor, whereby they may be relieved from asylums and almshouses, and may receive the required care in such separate establishments as their deplorable situation demands."

DR. S. WEIR-MITCHELL, in his recent novel, "Characteristics," makes ("N.Y. Med. Jour.") the following remarks on the question of women physicians: "I did not believe it was best, either for the sick or for society, for women to be doctors; that, personally, women lose something of the natural charm of their sex in giving themselves either to this or to the other avocations until now in sole possession of man." Women doctors "fail to realize what they have lost. The man who is sensitive to womanly ways sees it. It is worse than nursing the sick, for even nursing makes some women hard." It must be admitted, however, that the notoriety attached to the "woman doctor" attracted, in early days, a mass of hysterical females, who were boomed by societies of female paranoiacs, who boomed the "hysteric" with an eye open to notoriety and the main chance but fought the scientific female physician. The latter has had a decidedly hard road to travel, as she adopts neither alcoholophobiac, religiosity nor female supremacy dodges as part of the armamentarium of the physician.

Dr. C. D. LOCKWOOD, of New York, has recently ("Medical Record") made some interesting experiments anent hereditary transmission of mutilations. White mice were selected, as they begin to breed when thirty days old, and breed every thirty days. He bred in-and-in for thirty-six generations, destroying the weakly, and thus obtained finer animals than the first pair. He selected a pair, caged them by themselves, and clipped the tails of the young. When these were old enough to breed he selected a pair and clipped the tails of their progeny. In the seventh generation he obtained some tailless mice, and finally a tailless breed. The experiments have one possible element of error: White mice, like all albinoes, are a degenerate type. At the same time, these experiments tend to show that accidental mutilations favored by circumstances are inherited.

THE "Medical Record" says that recent German statistics make very incomprehensible the statements of surgeons like Hunter McGuire, who has seen 28,000 chloroform anæsthesias without a death. This statement of the "Medical Record" is decidedly unjust. Other surgeons have far exceeded McGuire's figures. The French Crimean surgeons and Bardleben had each 30,000 anæsthesias without a death. The Edinburg University surgeons had 36,500 without a death. Dr. Lawrie had 50,000 without a death. In 94,123 German chloroform anæsthesias there were 36 deaths. In 300,000 chloroform anæsthesias in the Confederate army there were 43 deaths. The average German percentage would hence be thrice the Confederate percentage. Two deaths from chloroform anæsthesia in children have been reported in Chicago and New York. The amount used in the Chicago case was within allowed limits. The child had fallen down stairs and sustained a compound fracture of the humerus with dislocation into the axilla. Death was initiated by convulsive phenomena, with rigidity. The coroner's jury found death due to chloroform, but exonerated the physicians. The New York case differed in no wise from chloroform deaths.

THE "Medical Record" states that, according to Dr. W. James, of Harvard, woman develops early and then ceases to grow mentally. Dr. Crichton Browne finds that women's brains are smaller than men's, and their frontal lobes less richly supplied with blood. Dr. Lombroso finds that women are less sensitive than men, and, as regards their receptive and perceptive organs, represent an incompletely developed type, which is also confirmed by Ottolenghi (MEDICAL STANDARD Vol. I.). The feminine reproductive apparatus is the highest in type, and animals are ranked in the scale of evolution by essentially feminine characteristics.

DR. JAS. LAW cites ("Medical News") from Blyth ("Poisons" Vol. I) the following probable source of the atropine element of the Keeley "cure":

"J. Baptista Porta, in his "Natural Magic," published in 1589, gives a method of drugging wine with belladonna root for the purpose of making the loaded guest loathe drink."

DR. MORE MADDEN shows (Foy's "Anæsthesia") that the old Irish and Scotch Gaelic Celts were familiar with anæsthetics. The principal ingredient in the Gaelic "potu oblivionis" used for this purpose was mandragora.

THE Wisconsin state board of health has refused to recommend the adoption of certain works on "temperance" indorsed by the W. C. T. U. for use in the public schools. The board adjudges the books to be unscientific and misleading.

THE "Boston Medical and Surgical Journal" points out that mistakes in orientation, sometimes of the most puzzling character, are usually the result of some incidental or temporary bewilderment, and may under peculiar circumstances overtake any one. Some instances have been cited by Sir Charles Warren in which they are chronic and may afflict the best-informed persons. Erroneous conceptions formed by children as to distances and positions may grow up with them undetected till near maturity; then, when the discovery is made, it is too late to apply any better remedy than to recognize the error and make allowance for it when possible. Cases are cited of a person whose ideas of certain parts of London were all inverted; of another who placed Paris north of London; of thirty well-informed young men "about eighteen were under the impression that, while the sun rises in the east, the stars rise in the west, from having learned that the sun has a proper motion among the stars," It is thought probable that there are but few educated men who have not grown up with some curious errors with reference to geographical facts which have hopelessly bothered them all their lives.

THE following act recently passed by the New York legislature merits emulation in other states:

Any judge or justice of a court of record in the county or district where an alleged inebriate female resides may commit such female to such sanitarium, upon the consent in writing of the trustees thereof, signed by their superintendent or executive officer, and upon the certificate in writing of two physicians, under oath, showing that such female is over the age of eighteen years, and is incapable or unfit to properly conduct herself or her own affairs, or is dangerous to herself or others by reason of habits of periodical, frequent, or constant drunkenness, induced either by the use of alcoholic or vinous or other liquors, or opium, morphine, or other narcotic or intoxicating or stupefying substance. But it must appear from such certificate that every physician executing the same is a graduate of some incorporate medical college, and is a permanent resident of the state, and has been in the actual practice of his profession for at least three years, and it must also appear upon the face of such certificate that the physicians executing the same have made a personal examination of the female alleged to be an inebriate, and that such examination has been had within twenty days prior to the application for the commitment. The judge or justice to whom any such consent and certificate are presented may require affidavits to be submitted in support of the allegations contained in such certificate, or may institute an inquiry and take proof as to such facts before making a commitment. No such commitment shall be for a longer term than one year, but the same may be renewed for a like term or terms upon a proceeding taken as hereinbefore prescribed in the case of an original commitment.

DR. A. W. BOWMAN, of Davenport, Ia., deserves the thanks of the profession for the determined, successful stand he took against a charge of malpractice. A cardiopathic child began vomiting. Dr. Bowman prescribed an anti-emetic. Before his next visit the child died. The father at once charged Dr. Bowman with malpractice, but afterwards withdrew the charge. The doctor, however, demanded the fullest investigation. The coroner's jury, after an autopsy and chemical examination had been made, exonerated Dr. Bowman as having done his full duty. Dr. Bowman's action is decidedly timely as malpractice suits are just now epidemic in Iowa. Every physician in Monroe county was sued for malpractice after a jury unexpectedly gave damages against one physician.

THE old superstition anent a corpse bleeding on the touch of the murderer has revived in Maryland. A negress was found murdered; in accordance with the well-known superstition the placing of hands upon the corpse, after it had been discovered, was required of the assemblage that had gathered around, it being the belief that should the murderer's hands touch the body, blood would flow afresh from the wounds. One was unwilling to go near the body and endeavored to hide. He was found, however, and forced to do as the others had done. Blood did flow from the wounds when the struggling boy's hands were forced upon the body, probably from undue pressure. The boy was arrested and nearly lynched.

THE Richmond "State" takes the following creditably logical view anent medical fees:

Respecting Dr. Waxham's $2,000 fee and the comment about it and about the common practice of physicians to charge a rich client more than they might charge a poor one for the same service, it may be said that the latter practice is quite defensible on the ground that a physician often performs a service for a poor patient and makes a less charge than the service is really worth. Physicians are often morally bound to give their services for less than they are worth. It doesn't necessarily follow that their lowest charge represents the true value of the service.

THE Illinois Board of Health has refused to recognize the diplomas of the German-American Homœopathic College, the German College of Medicine and Obstetrics and the German Medical College, all of Chicago.

THE female principal of a Chicago school alternated, it is claimed, thumping of her scholars with patent medicine-selling. The "Mail" hints that the thumping was intended to provide a demand for the patent medicines.

SIR WILLIAM AITKEN, author of Aitken's, "Practice," the well-known clinician, died June 28.

Progress of Medicine.

THERAPEUTICS AND PHARMACOLOGY.

EXALGIN has been highly recommended by Dr. C. L. Dana (Atlanta "Med. and Surg. Jour.") in chorea. Several cases treated by him who had taken arsenic without benefit, made rapid improvement under exalgin. It was given in capsules in doses of two grains three times daily, after meals, for the first day. On the second two capsules were given three times in the day, and on the third the dose was increased to fifteen grains in the day, at which it was continued.

STRONTIUM IODIDE has been found more valuable than potassium iodide in the treatment of cardiac disease by Germain Sée. It does not cause gastralgia or palpitation; it slightly raises vascular pressure and increases the respiratory functions, and its use does not determine acne or other skin phenomena. It possesses also an advantage in the fact that it is speedily eliminated by the kidneys. How far it may finally prove of value in syphilis can only be determined by rigid tests. In asthma, chronic bronchitis, adenitis, scrofula, saturnism and hydrargyrism it has already given remarkable results, as also in rheumatic and rheumatoid affections.

CYNARA SCOLYMUS IN ASCITES.—Dr. W. W. Lane recommends ("Med. Sum.") a tincture prepared from the leaves of the cynara scolymus (garden artichoke), in gin, for the cure of general dropsy, particularly ascites. He administers a wineglassful of this tincture three times a day, and asserts that it is a valuable remedy.

ANTIPYRIN IN UTERINE HÆMORRHAGE.—Dr. R. A. Richard Garner, Ky., reports ("Med. World") good results from the following procedure in uterine hæmorrhage. He dissolved a dram of antipyrin in two ounces of cold water, and immediately, by means of a cotton swab held in the uterine forceps saturated in the solution of antipyrin, passed the swab into the uterus, and gave it a free sweep around the uterine parietes. This was repeated a second time, and the hæmorrhage was checked as if by magic.

MODERN ANTIPYRETICS.—There has been a tendency among general medical writers to consider the more recent antithermics in groups. Thus the "action of the aromatic antipyretics" is spoken of as though their modes of operation were dentical. Yet it is known that these remedies vary greatly in chemical composition and therapeutic action, as also in the important matter of toxity. As the properties of these remedies become more fully studied, the therapeutists incline to a more perfect differentiation of their characters. In the recent reports on phenacetin, for example, are found not only the confirmation of its antipyretic and analgesic powers, but an insight is obtained into the advantages derived from its gentle, diaphoretic action. Others have spoken of its soothing and sedative effects in neurotic and febrile conditions; and one or two writers have noted gratifying results from its use in digestive troubles accompanied by gastralgia. Dr. Trail Green ("Univ. Med. Mag." June, 1892) has found that a ten-grain dose of phenacetin at bed-time will fully control frequent nocturnal micturition in the aged; so a new field seems open to this medicament in the genito-urinary troubles of senile subjects. It appears also that while retaining its pre-eminence as a remedy in the acute stages of influenza or la grippe phenacetin is of exceptional value in the treatment of the sequelæ of that complicated condition; and this would point to a probable power of phenacetin to modify nerve function. The powerful analgesic properties of phenacetin would point still more directly to this conclusion, while the perfect safety with which the remedy may be given would seem to be referable to the ease with which it is finally handled by the emunctories. But the varied action of these remedies at different times and under different pathological conditions may be explained. It seems desirable to keep in view the fact that the aromatics should not be classed together (therapeutically) as a series, but should be clinically estimated in accordance with the work they have accomplished.

ACUTE ANGINA FROM SALOL.—Morel-Lavallée records the case of a young woman ("Satellite") a syphilitic, who, having otorrhœa, was treated by insufflations of salol. Three days after, fever appeared, with enormous swelling of the external auditory canal, the isthmus of the fauces, and of the uvula. In three or four days these symptoms disappeared. The cause of the trouble was the decomposition of the salol into its two component parts, which was brought about by the presence of a fatty substance.

JABORANDI IN SCARLATINA.—Dr. G. T. Richardson, of Georgetown, Ill., reports good results from jaborandi in anginose scarlatina.

TREATMENT OF MENIÈRE'S DISEASE.—Dr. Ferreri has had ("Boll. del. R. Ac. med. d Roma") excellent results in the treatment of Menière's disease from large doses of potassium bromide (forty-eight grains daily) conjoined with iron valerianate.

ANTIPYRIN IN HEADACHE.—Dr. Græme M. Hammond states ("Jour. of Nerv. and Ment. Disease") that antipyrin aggravates angio-spastic migraine even more than glonoin. It decidedly relieves the angio-paralytic type when given at the outset. Later large doses are required. In headaches due to excess in diet or to uricæmia, antipyrin is of great value.

MAGNESIUM SULPHATE IN INTESTINAL CATARRH.—Dr. S. Bradbury, of Oldtown, Me., states ("Medical Record") that he has had good results in catarrhal inflammation of the intestinal tract from magnesium sulphate. Small doses do more harm than good. The smallest dose for an infant should not be less than a heaping teaspoonful and a tablespoonful may be given without harm. The greater the dose the less it gripes. The salt acts evidently by causing a copious discharge from the lining of the digestive track without having the slightest effect upon the muscular coat.

OBSTETRICS, GYNIATRICS AND PÆDIATRICS.

INFANT SURVIVAL AFTER CRANIOTOMY.—Dr. W. G. Austin ("Med. Brief.") reports a case in which a multipara was eclamptic for thirty-six hours. After controlling the attacks he found it necessary to perform craniotomy in order to deliver the child. With no instruments at hand but forceps and a pocket-knife, he decided to operate with these. He placed his forceps in position and punctured the skull (with a pocket-knife) just to the right of the sagittal suture and some distance in front of posterior fontanelle, in close proximity to the fissure of Rolando. He made a circular opening about three-quarters of an inch in diameter, leaving an attachment similar to an opened oyster can. He then used forceps to compass and reduce head, increasing occipito-mentalis diameter an inch or more. While compressing about a teaspoonful of brain substance oozed from opening. He then delivered child, handed it to the old women present, and gave his attention to the mother. After removing placenta and controlling hæmorrhage, which threatened to be serious, he was attracted to the child by its cries. He found it struggling manfully for life. He placed the circular flap of the bone in position, placed his left hand under the chin, the right on top of the head, and pressed the elongated head into its original shape. The skin being in apposition, he only washed it with an antiseptic dressing. Ten days later the only inconvenience or unfavorable symptoms, which had developed with the child, were a slightly twitching and tremulous motion of the right arm, attributable, of course, to the nearness of the wound to the fissure of Rolando. Dr. Mungo Park ("Simpson's Works"), the African traveler, had a very similar experience. The child reached mature womanhood.

MATERNAL IMPRESSIONS. — Dr. T. C. Poole, Mansfield, Texas, has reported the following case: On April 17 his sow gave birth to eight fully developed pigs. Having by accident been present, noticed the ninth as it was expelled; from its peculiar shape and color, curiosity was aroused, and on examination it was found to have the appearance of an elephant. It was destitute of hair, having a proboscis, with dependent ears, two eyes behind upper two-thirds of proboscis closely approximated, yet distinct, an abnormal superior maxillary with two or three large teeth, with a long, thin upper lip, with shape and color of an elephant. The sow's gestation lasts three months and twenty days. The impressions were made within five days after conception. On Christmas Day the male was with her; on the 29th of December a menagerie exhibited; an elephant was staked about three hundred yards from lot where the sow was, and in full view. The pig descended from the proboscidæ, and this is possibly a reversion to its early ancestors. While there is no essential improbability in the maternal impression theory, the explanation of the case as an atavism is much more probable, since the pig embryo has a distinct proboscis.

OVARIAN COMPENSATORY HYPERTROPHY.—Dr. Aristoff states ("Satellite") that when one ovary has been removed the other one increases in size and weight, the follicles coming more rapidly also to maturity and withering more quickly, besides which the medullary layer increases. In observations made on rabbits it was found that the hypertrophic process had begun within two months of the operation, and that at three or four months it had nearly doubled the size of the remaining ovary. After the fifth month the remaining ovary became smaller.

SURGERY AND OPERATIVE GYNÆCOLOGY.

HYSTERECTOMY IN A MALE.—Dr. Boeckel ("Arch. de l' Anthrop. Crim.") reports the case of a twenty-year-old man on whom a radical operation had been performed for congenital inguinal hernia. A triangle-shaped body covered by peritoneum, which resembled an intestine diverticulum, was found in the posterior wall of the empty hernial sac. The inguinal canal was empty. Upon compressing the abdomen above the ring, an ovoid body protruded through the external inguinal opening, of opalescent hue, resembling the testicle. Parallel to and above it was found a fringed body attached to it, cystic in character, and evidently a tube. The patient recovered. On examination the portion removed was found to consist of three parts: A uterus bicornus, the cavity of which was lined with ciliated epithelium; a Fallopian tube and a testicle with a vas deferens and epididymis; a broad ligament enclosing the above organs. This case is unique. There is no record of any in which female genital organs were found included in the scrotum of a man, otherwise well formed, and having all masculine attributes.

HYDROCELE OF THE CORD.—Dr. J. W. Brainerd reports ("Med. Bull.") the case of a sixty-year-old man who twenty-five years ago strained himself while logging, and felt a pain in the left groin. Soon a tumor began to form, and for twenty years it has been troublesome. For ten years it has been very bad, and for two years it had become almost unendurable.

Dr. Brainerd castrated the man and found the following conditions: The scrotum was distended to the size of an adult skull. The hydrocele was encysted in the cord, and contained twelve ounces of fluid. The walls of the hydrocele cyst were nearly as thick as my hand, and were everywhere adherent to the scrotum. The fleshy part weighed fourteen ounces. The cord was ligated in mass and cut at the external inguinal ring. The testicle was found buried in the bottom of the mass, and its tunica vaginalis was undisturbed and contained no more than its normal amount of fluid. The other testicle and cord were inflamed and painful. The pain was reflected to the inside of the pelvis and down to the middle of the thigh. There was an ounce of fluid in this tunica vaginalis. They were likewise removed at the external ring.

LITHOLAPAXY is favored by Dittel wherever it can be performed. He gives ("Internt. Med. Mag.") the following contraindications: If the stone is too large to be grasped by the lithotrite or too hard to be crushed by a hammer; when the removal of the stone becomes imperative and at the same time strictures surrounded for a long distance by callus exist in the urethra; when there is stricture of the urethra complicated by fistulæ; large prostates, when there is an intention of performing prostatectomy; severe purulent cystitis; severe hæmorrhagic cystitis; the existence of "pipe stones" causing incontinence, the nucleus of the stone being a foreign body incapable of being crushed; the youth of the patient; recurrences after litholapaxy; encysted stones; severe purulent pyelitis. Litholapaxy is rarely attended by serious complications, and has the great advantage of a short convalescence, the patient being able to resume his occupation in from seven to ten days, while the duration of the healing process after suprapubic section is at least four or five weeks. Suprapubic cystotomy, however, is an operation which can be taught on the cadaver and learned perfectly under the direction of an instructor, while in lithotrity personal experience and practice are necessary. Litholapaxy is therefore by far the most difficult operation, and in all probability the surgeon inexperienced in this method will obtain better results from the high operation.

EYE, EAR AND THROAT DISEASE.

WAX IN THE EARS.—Dr. A. S. Tuckler says ("Weekly Med. Rev."): A simple method of removing "wax in the ears" is to take peroxide of hydrogen (Marchand's), warm it in a water bath, then with an atomizer spray the meatus for about five minutes. This will soften and partially dissolve the cerumen. An ear spoon will now remove the mass and, to the surprise of the patient, the sense of hearing will be immediately restored. A little more of the spray to cleanse the parts will be all that is necessary. This is a far safer method than the digging out process and not liable to perforate the tympanum.

ANDROLOGY AND DERMATOLOY.

NEUROTIC ECZEMA.—Dr. C. R. Borham advises in neurotic eczema ("Med. Rec.") the following:

℞ Ex. fl. ergot..... ʒ iv
Ex. fl. viola tricolor..... ʒ xii
Aquæ q. s. ad..... ʒ xxiv
M. S. ʒ i thrice daily.

℞ Magnes. carb.
Pulv. zinc. oxid. aa..... ʒ i
Ichthyol..... gr.xl
Aquæ q. s. ad..... ʒ xvi
M. S. Apply to diseased surface three or our times daiiy.

PRURITUS IN SCARLATINA. — Dr. S. V. Phillippe ("Rev. Mens. des Mal. de l'Infan.") states that scarlatina is often accompanied by pruritus in which case the prognosis is excellent. The itching is due to the fact that the eruption is not intense and the cutaneous lesions not very profound. An excellent application for the relief of this itching, or almost any other, for that matter, is the following:

℞ Campho-phenique..... 3 iv
Albolene unguent..... 3 xii
M. Sig. Apply night and morning.

Another advantage is personal disinfection.

GENERAL MEDICINE.

DIPHTHERIA AND MEMBRANOUS PHARYNGITIS.—Dr. H. Lewers ("Austral. Med. Gaz.") gives the following differential diagnosis:

DIPHTHERIA.	MEMBRANOUS PHARYNGITIS.
It is not common after puberty.	It is most common after puberty; not often met with in young children. Mackenzie says tonsilitis is more common between 15 and 25 than any other age.
The prostration and sense of illness is marked, although the temperature be little elevated and the throat symptoms slight. Briefly, general symptoms more marked than local.	The prostration and sense of illness is usually not marked, although the temperature be very high and the throat symptoms severe. Briefly, the local symptoms are more marked than the general.
Albuminuria is common.	Albuminuria is very exceptional.
The edges of membrane are thin and ill defined, and shade off into surrounding tissue. On peeling membrane a bleeding surface is left.	The edges of membrane are steep and well defined, terminating abruptly. On peeling membrane no bleeding or excoriation.
Uvula commonly involved.	Uvula rarely, but may be involved.
Membrane does not dip into follicles.	Membrane may be seen dipping into follicles.
No follicular ulceration co-existent.	Follicular ulceration present frequently.
The tongue at outset is not usually characteristic	The tongue at outset is frequently characteristically coated with thick, yellow-white fur.

ASPERMATISM.—Dr. G. Frank Lydston reports ("West. Med. Rep.") the case of a thirty-year-old-man who had begun masturbation at the age of fifteen. For twelve years he had copulated twice or thrice weekly. He had never been able either by masturbation or during sexual intercourse to have an ejaculation of semen. The act, he said, was pleasurable, but absolutely unattended by anything like orgasm or seminal emission. On inquiry he stated that he had tired himself out in the attempt repeatedly, but without success. He seemed to be aware that it was not the fault of secretion, as he stated that he frequently had after intercourse lascivious dreams with copious emissions. The sexual organs were perfectly normal, with the exception that there was absolute anæsthesia of the prostatic sinus. Sounds produced no sensation whatever, nor was a strong faradic current more successful. The patient in all other respects is perfectly normal—indeed, he is an exceptionally robust man. During strong sexual excitement he states that there escapes from the meatus a small quantity of fluid, which, from his description, is unquestionably prostatic secretion. Sexual desire is well marked, which makes his condition particularly aggravating for the patient. Copulation is not unattended with gratification. The condition is that of aspermatism, which is due, according to one theory, to the fact that the semen is prevented from entering the prostatic urethra by spasms about the ejaculatory ducts. That this is not true is shown by the fact that relaxation of the spasm produced by sexual exhaustion is not followed by the dribbling of semen. The more logical explanation is that of Keys who says: "The fault is evidently in the nerves. There is no pleasurable sensation, no call for the secretion of prostatic mucus, or for a supply of spermatic fluid. There is anæsthesia of the prostatic sinus, and although the power of having an orgasm and the ejaculation remains, as proved by dreams, yet there is some connecting link missing in the chain which transforms friction of the glans penis into pleasure of the prostate, and finally into secretion of the testicle." Dr. Lydston's patient experiences pleasurable sensation. In some cases there may exist at the time of copulation some peculiar inhibitory mental influence that prevents culmination of the sexual act. Mental influences sometimes have this effect in perfectly healthy individuals. Once let the sexual act be naturally performed in these cases of aspermatism and the spell is apt to be broken. When once the sexual act is co-ordinated with the mental elements necessary to the proper performance of the sexual function, not only will ejaculation occur, but the impression is likely to be a permanent one, and the necessary sensibility be called forth in a normal manner on all proper occasions thereafter. The prognosis in these cases is not particularly promising. Faradism is to be recommended both from its moral and physical effects. A strong faradic current applied to the prostatic sinus, daily if possible, thrice weekly at least—in combination with mildly irritant injections into the prostate from time to time seem to be the rational indications.

DIPHTHERIA AND "GRIP" THROAT DISEASE.—Dr. J. C. Mulhall, of St. Louis, gives ("Medical Fortnightly") the following elements of differential diagnosis between these two disorders:

LA GRIPPE.	DIPHTHERIA.
Membrane white, thin, clean-cut straight.	Membrane yellowish, white, thick, irregular.
Margins non-detachable.	Margins at first soft and detachable.
Marked absence of swelling and catarrhal secretion. A "clean throat."	Much swelling and catarrhal secretion. A "foul throat."
Pain out of all proportion to objective signs.	Pain in keeping with inflammatory signs.
No fœtor.	Very seldom a sweet breath at any stage.
Lymphatics never very much enlarged.	Lymphatics usually much enlarged.
Nasal catarrh non-membranous and mild.	Nasal catarrh often membranous and virulent.
No laryngeal symptoms.	Larynx often invaded.
No albuminuria, nor paralysis.	Often albuminuria and paralysis.
Debility not marked.	Often profound.
Migratory pains in various portions of the body.	No pain except about the throat or head.

ELECTRO-THERAPEUTICS. — From its very nature, electricity as a therapeutic agent ("N. Y. Med. Jour.") possesses considerable uncertainty and leaves room for the greatest enthusiasm as well as for the greatest nihilism. Ever since its first introduction into the field of therapeutics there have been physicians who have sung its praises, as well as others who have looked upon it as a placebo or as a legitimate means of acting upon the psychical centers. The latest and most powerful skeptic as to any physical effect of electricity as a remedial agent in disease is Möbius. This observer does not deny to electricity a remedial power, but he maintains that whatever it is capable of affecting in that way it does solely through "suggestion." Dr. Eulenberg takes up the cudgels for electricity. His utterances deserve consideration, inasmuch as they do not appear to be the outcome of heated discussion, and impress one with their impartiality. He states that the gist of Möbius's first thesis is as follows: There is no evidence to show that electricity is curative in organic paralysis, for paralyses due to disintegration of the central nerve elements are incurable; paralyses due to affection of the peripheral nerves or muscle fibers undergo spontaneous cure, so far as they are capable of being cured, and there are no facts to show that the regeneration process is hastened by electricity. Indirect central paralyses and so-called light peripheral paralyses also undergo restitution without any external aid. In answer to this, Eulenberg adduces evidence to show that the various paralyses are benefited by electricity. He quotes Remak's result in fifty-one cases of the lighter forms of paralysis from compression. The cases treated by electricity were cured on an average in seven séances, or thirteen days; the cases treated on the expectant plan took from four to six weeks, and a few took from three to five months before normal function was restored. He concedes that there is no incontrovertible evidence to show that in cases of degeneration the regeneration process is hastened by electricity; but, on the other hand, it does not admit of doubt that the local nutrition of the affected parts is materially benefited by it.

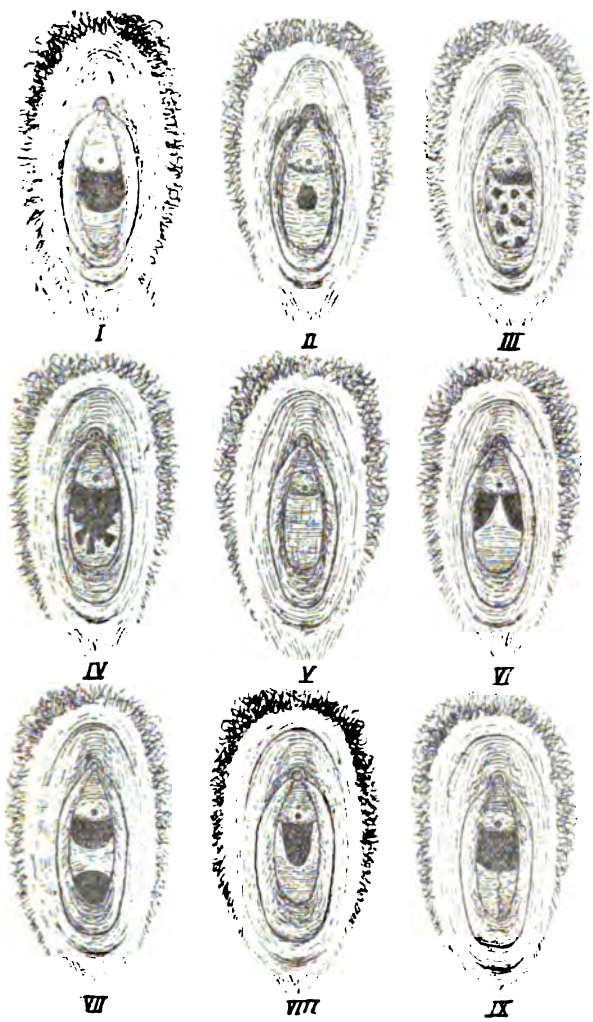
SACRO-COCCYGEAL DIMPLES.—Dr. F. A. Mallary ("Amer. Jour. Med. Sc.") reports the results of examination of sacro-coccygeal region in six fœtuses from three to six months of age. He states that in fœtuses of this age there is very frequently a canal, lined with epithelium, over the coccyx, sometimes connected with the skin, sometimes not. In some cases it is near the skin, in others close to the coccyx; and he believes this canal to be the remnant of a previously existing one, probably the medullary canal. From these studies it would seem that obliteration of the medullary canal takes place first, and most completely at the lower part of the sacrum, and gradually extends in both directions. Sometimes the irregular development of the obliterating tissues permits the persistence of portions of the canal beneath or in connection with the skin; and in at least one fœtus examined by Mallory a similar irregularity characterized the upward development of the obliterating tissues in the spinal canal. The larger of these remnants, containing glands and hairs, persist as the sinuses, cysts, or depressions in extra-uterine life; and probably only the cysts and sinuses give origin to the suppurating sinuses encountered in these regions. As a rule little can be learned of the structure of these tissues, from those cases which demand surgical interference, except from the discovery of epithelial elements, as hairs, the suppurative and degenerative changes destroying all features of relation. The choking of these spaces with the products of epithelial desquamation, with the secretion of the enclosed glands, and with hairs, plus the element of possible contamination from external causes, leads to those not infrequent suppurative changes which usually bring the sinuses and cysts into especial prominence.

PARETIC DEMENTIA AND LUES.—Dr. J. G. Kiernan stated several years ago ("Alienist and Neurologist," 1883) that neither from a clinical, a therapeutical nor a pathological standpoint can non-leutic paretic dementia be absolutely demarcated from leutic. Dr. Elizabeth Mallison, of the St. Peter (Minn.) insane hospital, has reported ("Hospital Bulletin") a case tending to support the position of Dr. Kiernan. The patient was a 45-year-old married Irish woman. With the exception of an insane brother, her family history disclosed no neurotic taint. She was an unusually strong, healthy woman, and escaped all those diseases incident to childhood. It was always her boast that she had never seen a sick day in her life. She menstruated at 14, was regular and normal in every respect. She was of a calm, even disposition, not inclined to worry, contented with her lot, and "always made the best of things." She married at 20, and has five children, all living, the oldest of whom is 23, the youngest 10 years. Her labors were all normal, she recovered promptly and suffered from no bad after effects. About six years ago she commenced to have trouble with her husband. He drank heavily, would leave her and disappear for months at a time. Two years ago, after one of his periodic sprees, he failed to return, and has not been heard from since. Until a year and a half ago she took care of her family and seemed quite happy and contented. At this time her sister began to notice a change in her disposition; from being a quiet, industrious woman, she gradually commenced to neglect her family, to grow cross and irritable and to propose impracticable and impossible schemes for gaining wealth. For several months she was alternately exalted and depressed. She was also suspicious of those about her, fearing that they intended to kill her for her money. She suffered from insomnia, loss of memory and continuous headache. She had visual hallucinations, thought that she saw her husband, and would wander off in pursuit of him. Once in wandering about at night she fell down the cellar stairs and injured her head. A few days after this fall she had an epileptoid convulsion, grew rapidly unmanageable and was brought to the hospital. Upon admission was very emotional, cried a good deal and offered large sums of money for her release. Upon examination her knee jerk was exaggerated. Her pupils were small, but equal and sluggish in response to light and accommodation. Her articulation was affected, the labial consonants being especially difficult for her to pronounce. The tongue was protruded without difficulty and without deviation. Marked fibrillar tremor was exhibited by the tongue and by the muscles of expression. The tremor of the upper lip was especially pronounced. The grasp of her hands was feeble, but equal on both sides. Her walk was unsteady and hesitating. The loss of memory and attention was slight. Pulse rapid and weak. The arteries slightly atheromatous. Bowels moved daily. Appetite good and slept well. She spoke of being dizzy and having a slight pain on the top of her head, and of a stiffness of the muscles of the back of the neck, otherwise she said she felt "first-rate," and could not see why she was in an asylum. Careful examination showed no external evidences of the fall she had received.

An autopsy, revealed the following changes: Examination of the calvarium after removal showed the diploe almost entirely absent. Along the groove for the superior longitudinal sinus, and those for the middle meningeal arteries, was considerable new growth of bone. The dura was adherent along its superior aspect, and thickened over its entire extent, with its vessels engorged. Over the anterior and superior part of the brain, the dura and pia were so adherent that they were removed together. The pia was adherent over the entire surface of the brain, the cortex being torn by its removal. The fissure of Rolando was well marked on the right side, but very imperfectly developed on the left. The cortex was pale, shrunken and marked by but few vessels; while the larger vessels on the surface of the brain showed considerable atheromatous change. In the fissure of Sylvius, on the left side, imbedded in the substance of the island of Reil, a tumor about the size of a hazel nut was found; and the grey matter surrounding it was softened and gelatinous. In the fissure of Sylvius, under the center of the third temporal convolution, was found another growth attached to the pia and impinging on the cortex. This growth did not involve the grey matter. It was the size of a large white bean and of the same shape. On the right side the whole of the foot of the first frontal convolution was involved in gelatinous degeneration, and in its center was a tumor, oval in shape and an inch in diameter, which pressed on the optic tract. The degeneration also involved the olfactory bulb. In the caudate nucleus on the right side was found another growth about the size of a pea. The grey mat-

ter around it had also undergone degeneration. The cortical substance in the anterior and middle lobes was soft, as it was also in the third temporal convolution; but the occipital and upper portion of the temporal lobes was firm and free from gelatinous change. The cerebellum was also softened, and showed signs of commencing gelatinous changes.

FORENSIC ASPECT OF THE HYMEN.— Dr. Martin, of Berlin ("Diseases of Women"), accepts the following classification (MEDICAL STANDARD, Vol. III) of Dr. E. S. McKee, of



HYMEN TYPES (M'KEE.)

Cincinnati, and reproduces the above illustration: I. The hymen semilunaris, or normal hymen. II. The hymen circularis, with small central opening. III. The hymen cribriformis, sieve-like, containing many holes like a water-pot. IV. The hymen fimbriatus, similar to the fringe-like appendages of the ostium abdominale of the tubæ Fallopianæ. This form is the most important in a forensic point of view, as it may be taken for the normal hymen which has been torn. V. The hymen imperforatus. This is a frequent cause for surgical interference on account of the retensio mensium dependent upon it. It may obstruct the penetration of the male organ. VI. In rare instances the opening of the hymen is found divided by a perpendicular bridge into two parts. This strip of tissue passes from the concave border of the hymen to the meatus urinarius where it is fast. VII. In some instances there is a variety in which there exists an upper or anterior and a lower or posterior opening with simply a band lying transversely across the vagina. In rare cases we also find a second hymen existing above the first. VIII. The horseshoe hymen. IX. The bilobate hymen.

URIC-ACID DIATHESIS IN CHILDREN. —It is well-known that in infancy the urine frequently contains free uric acid, and that a deposit of urates is ("N. Y. Med. Jour.") so common as to be almost regarded as normal. They may appear for a considerable time without producing appreciable symptoms. In childhood the continuous presence of uric acid is invariably accompanied by symptoms more or less distinctive. These symptoms are discussed by Sutherland ("British Medical Journal"). The subjects of this diathesis are often easily recognized. They have small, restless bodies, and are precocious, excitable and nervous, at times bright and cheerful, at others quiet and depressed. They sleep poorly and wake early in the morning; they have dainty and capricious appetites. They take cold readily and perspire freely upon exertion. The feet and hands are usually cold. The pharynx is often relaxed and irritable, causing a harsh cough, most troublesome when the child goes to bed. The tonsils and the adenoid tissues of the naso-pharynx are subject to inflammation, and are frequently found thickened and enlarged. The tongue is coated and the breath foul, and frontal headache is very common. Abdominal pain is common, and is not infrequently located in the right iliac fossa. When uric acid is being excreted from the system pain is a most prominent symp-

tom, and may be located in any part of the urinary tract. If the irritation be in one or both kidneys, the pain may be located in the back, passing downward or forward, or it may be felt entirely in the umbilical region. This pain is usually intermitting in character, and may be intense. It is accompanied by nausea and shivering. When the bladder is irritated by the crystals or by the excessive acidity of the urine, the pain is suprapubic and reflected along the urethra to the meatus. The greater the proportion of solid to fluid constituents in the urine, the more marked will be the pain. The subjects of this diathesis drink moderately but sweat profusely, the result being that the amount of urine passed is small.

ASPARAGUS AND SUGAR TESTS.—Dr. Lisle states ("N. Y. Med. Jour.") that a gentleman undergoing examination for life insurance passed urine of a light straw color, specific gravity 1.030. Upon applying, successively, Trommer's, Fehling's, and Boettger's tests, the urine responded to them all, thus indicating the presence of sugar; but upon fermenting a sample, not a trace of sugar was revealed. To harmonize these results, it became necessary to ascertain what was causing this unusual reaction. The only solution of the difficulty appeared to be in the fact that the gentleman had, on the day previous, eaten heartily of asparagus. To confirm this, on the day following Dr. Lisle tested his own urine by the above-mentioned tests (including fermentation), and no sugar was detected. He then ate a quantity of asparagus and tested his urine afterward every half hour. In about an hour and a half the urine possessed the peculiar odor so well known, and responded to all the tests mentioned, save fermentation. Twenty-four hours later a trace yet remained, but in forty-eight hours even that disappeared. He has repeated this experiment in eight cases with the same results. The light of these experiments leads the writer to this conclusion: That the ingestion of asparagus does not cause saccharinity of the urine, but something is formed and excreted which causes a response to the reagents used by physicians for detecting sugar; but by fermentation all doubt can be set aside.

"COFFIN-BIRTH."—Bleisch ("Condensed Extracts") reports the case of a woman who was taken with labor-pains at the end of a normal pregnancy and after several hours of ineffectual travail, she died in presence of two midwives. Two hours later the physicians' examination proved that she had not been delivered. Three hours afterwards she was placed into a coffin. Three days later the cadaver was examined. The body lay undisturbed. The uterus was inverted and protruded out of the genitals. Between the corpse's thighs a child was found, still attached to the placenta. Birth had doubtless taken place after death. The extrusion was caused by development of gases from putrefaction; others attributed it to post-mortem uterine contraction. A similar instance occurred in Texas about a decade ago. A drowned putrefying woman was taken from a river. On laying the body on the shore a fœtus was expelled.

TONGUE TRICHINOSIS.—Dr. Oetiz reports ("Canad. Pract.") the case of a 50-year-old-man, with no history of syphilis nor of tuberculosis, who came for advice with an ulcerated growth of his tongue. The disease had been in progress about a year, and presented the characters of an epithelioma. Some misgivings, however, were expressed about the precise diagnosis, inasmuch as the ulceration was not of that foul nature such as usually occurs in connection with malignant disease. No improvement having followed the treatment adopted after a trial of a fortnight, it was decided to amputate the tongue. This was successfully performed, and on examination of the organ subsequently, the disease was found to be trichinosis, ulceration of the thickened tissue around the cysts having taken place. Similar cases have been observed in cats.

IPECAC IN EXOPHTHALMIC GOITRE.—Dr. Dieulafoy ("Gazzetta degli Ospitali," No. 57, 1892) controls cardio-vascular erethism by the following pill:

℞ Powdered ipecac.....gr. ½
Powdered digitalis leaves..gr. ⅓
Extract of opium.....gr. ½

Sufficient for one pill. Four to six within twenty-four hours.

With this treatment Dieulafoy has ameliorated several cases, and in two improvement was more rapid than could be obtained under any other treatment. The sole inconvenience is the diarrhœa, which ipecac causes until the patient becomes habituated.

EPHEDRA VULGARIS IN RHEUMATISM.—Dr. Bechtin regards ephedra as an excellent anti-rheumatic. The pulse diminishes in frequency and the pulse wave becomes stronger. The respirations decrease in number and become deeper. The urine ("Lancet-Clinic") was increased in quantity and the gastric functions became more regular.

Correspondence.

MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

[To the Editor:] This association will hold its eighteenth annual session at Cincinnati, Wednesday, Thursday and Friday, Oct. 12th, 13th and 14th, 1892. An excellent programme, containing the best names in the valley and covering the entire field of medicine, will be presented. An address on surgery will be delivered by Dr. Hunter McGuire, of Richmond, Va., president of the American Medical Association. An address on medicine will be made by Dr. Hobart Amory Hare, Professor of Therapeutics and Clinical Medicine, Jefferson Medical College, Philadelphia. The social as well as the scientific part of the meeting will be of the highest order. The Mississippi Valley Medical Association possesses one great advantage over similar bodies, in that its organic law is such that nothing can be discussed during the sessions save and except science. All ethical matters are referred, together with all extraordinary business, to appropriate committees—their decisions are final and are accepted without discussion. The constitution and by laws are comprehensive and at the same time simple. Precious time is not allowed the demagogue or the medical legislator. The officers of the Pan-American Medical Congress will hold a conference at the same time and place.

CHARLES A. L. REED, M. D.,
Cincinnati, President.

THE July (1892) number of the "Alienist and Neurologist" contains: "The Insanity Following Exhaustion, Acute Diseases, Injuries," etc., by John Ferguson, M. A., M. D., Toronto, Canada; "Medical Manhood and Methods of Professional Success," by C. H. Hughes, M. D., St. Louis, Mo.; "Luciani on the Cerebellum—New Studies in Normal and Pathological Physiology," by Guiseppe Seppilli, M. D., Italy; "Mental Derangement in Multiple Neuritis," by Edward D. Fisher, M. D., New York; "Tumor of the Pineal Gland," by Philip Zenner, A. M., M. D., Cincinnati, O.; "Law of the Periodicity in Inebriety," by T. D. Crothers, M. D., Hartford, Conn.; "Insomnia in an Infant, with Reflections on Pathological Sleeplessness," by C. H. Hughes, M. D., St. Louis, Mo.; "Retro-Antero-Grade Amnesia, with Report of Two Cases," by J. T. Eskridge, M. D., Denver, Col.; "Hysterical Concomitants of Organic Nervous Disease," by C. H. Hughes, M. D., St. Louis, Mo.; In Memoriam—Dr. Pliny Earle. Besides the usual selections, editorials, hospital notes, reviews, etc. C. H. Hughes, M. D., Editor, 500 North Jefferson avenue, St. Louis. Subscription: $5 per annum; single copies, $1.50.

PRIMARY AMPUTATION AND RESECTIONS.—Dr. T. H. Manley ("Med. Rec.") concludes that primary amputation in civil life should never be resorted to in the young, growing subject; nor in the adult, only under very exceptional circumstances; as, when the physical force of violence itself has been so great as to effect total destruction of the part, and the scissors or scalpel is employed to complete the work of division, that the dead may be separated from the living. When a limb or part of a limb must be sacrificed, a consecutive amputation offers the best prospects of survival from shock and a stump less prone to slough, than immediate severance in contiguity of mangled or fatally damaged structures. Resection, in connection with osteoplasty, should be adopted as a general substitute for primary amputation, for by its intelligent and general adoption our patient's prospects are not imperiled, and very much may be saved which has heretofore been sacrificed. With respect to amputations in general, the ancient doctrine cannot be reiterated with too great emphasis, viz., to sacrifice nothing which may be spared, whether a phalanx metacarpal or metatarsal bone; one of the tarsus or carpus; to spare the joint, no matter how insignificant it may be in function, and never penetrate an articulation if the smallest part of the shaft can be spared. Hot water or solutions of mercury bichloride should never be employed in resections or amputations through living tissues; for the bone substance is extremely intolerant of either; hence, though the stump promptly closes in, they may have laid the ground-work of an osteomyelitis, which, in the near future, will make a secondary amputation imperative. In those foul, infected tissues, arising from neglect before resection or amputation, and in which we must employ some disinfection, we should not neglect, after using the corrosive solution, always to follow it by a thorough drenching with pure, sterilized water, with a view of washing away any residue or excess of this powerful irritant that may linger in the wound.

Societies and Colleges.

YALE UNIVERSITY MEDICAL SCHOOL graduated a class of 13.

MARION-SIMS MEDICAL COLLEGE.—Dr. F. P. Norbury has been elected professor of neurology.

THE UNIVERSITY OF VERMONT medical department graduated a class of 45.

KEOKUK MEDICAL COLLEGE.—Dr. Brown has been elected professor of chemistry and Toxicology.

MAINE MEDICAL SCHOOL.—Dr. W. B. Moulton has been elected clinical professor of otology and ophthalmology.

JOHNS HOPKINS—Dr. Simon Flexner succeeds Dr. W. T. Councilman (resigned) as assistant professor of pathology.

HARVARD UNIVERSITY MEDICAL SCHOOL.—Dr. W. T. Councilman has been elected assistant professor of pathology.

THE ALBERT BARNES MEDICAL COLLEGE is the latest St. Louis addition to medical colleges. It has so far a strong faculty.

RUSH MEDICAL COLLEGE.—Dr. C. W. Earle succeeds Dr. J. S. Knox (deceased) as professor of obstetrics and pædiatry. Dr. A. C. Cotton has been elected clinical professor of pædiatry.

THE STEPHENSON COUNTY (ILL.) MEDICAL SOCIETY elected Dr. Salter, of Lena, president; Dr. Hutchison, of Orangeville, vice-president, and Dr. Stoskopp, of Freeport, treasurer.

THE OKLAHOMA MEDICAL COLLEGE has elected the following officers: Dr. L. D. Buxton, president; Dr. Joseph Pinquard, secretary; Dr. L. B. Tribble, treasurer; Dr. H. P. Halstead and Dr. E. O. Barker.

UNIVERSITY OF WISCONSIN.—Dr. C. F. Hodge, head of the department of physiology and neurology, has accepted the appointment of assistant professor of physiology and neurology at Clark University, Worcester, Mass.

THE DISTRICT MEDICAL SOCIETY (Missouri) has elected the following officers for the coming year. President, H. W. Latham, Latham Station; first vice-president, W. H. Evans, Sedalia; second vice-president, W. H. Cooper, Boonville; third vice-president, R. E. Fewell, Montrose; secretary, W. J. Overstreet, Sedalia; treasurer, W. B. Scales, Sedalia.

THE CASS COUNTY (IND.) MEDICAL SOCIETY has elected the following officers: President, Dr. C. L. Thomas; vice-president, Dr. Arthur Herman; secretary, Dr. J. Z. Powell; censors, Drs. N. W. Cady, B. C. Stevens and F. A. Busjahn.

THE BRAINARD MEDICAL SOCIETY elected the following officers:

President, Dr. W. A. Gordon, Oshkosh; vice-president, Dr. Connell, Wauwatosa; secretary and treasurer, Dr. Hausman, Elmore; censor for three years, D. W. H. Fish, Wauwatosa.

THE LEHIGH VALLEY MEDICAL ASSOCIATION elected the following officers: President, P. L. Richard, Allentown; vice-presidents, W. R. Longshore, Hazleton; G. L. Romaine, Hunterdon; J. H. Wilson, Bethlehem, and J. R. Mutchler, Stroudsburg; secretary, Charles McIntyre, Easton; assistant secretary, W. L. Stewart, Wilkesbarre; treasurer, A. Stout, Bethlehem; executive board, by counties, C. D. Fretz, Bucks; J. E. Zern, Carbon; O. H. Sproul, Hunterdon, N. J.; O. F. Harvey, Luzerne; F. C. Walton, Monroe; E. M. Green, Northampton; R. W. Monteline, Northumberland; Schuylkill, J. C. Biddle; Warren, J. H. Griffith. Essayists—J. L. Romine, on "Diseases of Throat"; E. M. Green, on "Nervous Diseases"; J. I. Cawley, of Springtown, on "Lockjaw"; W. J. Weaver, on "Sanitation."

THE TOLEDO MEDICAL COLLEGE faculty for the coming year will be as follows: Drs. R. Whiteford and J. Nolan, emeritus professors. The active faculty is as follows: James H. Pooley, surgery and clinical surgery; H. E. Munn, hytology, pythology, and clinical medicine; William J. Gillette, gynæcology; William A. Dickey, principles and practice of medicine and clinical medicine; Daniel E. Haag, materia medica and therapeutics, microscopy and clinical medicine; J. T. Woods, surgery and clinical surgery; Daniel R. Austin, medical jurisprudence; William Anderson, obstetrics and diseases of children; Park L. Myers, chemistry, toxicology and hygiene; John North, diseases of the nose, throat, lungs and clinical rhino larnygology; Henry A. Tobey, mental diseases; L. W. Heydrick, anatomy; L. W. Schnetzler, adjunct to principles and practice of medicine and medical clinics; John H. Shaper, lecturer on physicology and bacteriology; Walter H. Snyder, lecturer on diseases of the eye and ear; A. Zetlitz, lecturer on diseases of the nervous system; G. S. Clark, lecturer on anatomy; C. S. Miller, lecturer on syndesmology and demonstrator of anatomy; A. T. Klein, lecturer on dental surgery; E. A. Richmond, director of chemical laboratory.

Reviews and Book Notices.

CHARAKA-SAMHITA* will prove a unique production when complete, and can not fail to prove highly interesting to the student of medicine. Pundit Abinash Chandra Kaviratna is a learned Brahman physician of Calcutta who first brought himself to notice by his edition of the great work of Charaka, the Galen of Hindu medicine, in two bulky volumes of 1,500 pages each. By this the whole body of native practitioners and the learned throughout the world were for the first time placed in possession of the whole text of the most valuable relic of old Hindu science, long sought for but never found.

The author practices medicine according to the Hindu system as expounded in ancient Sanskrit works which by his labors he has rendered more accessible. Medical literature of ancient India is much more extensive than generally supposed and, collected, would form a respectable library. More than a thousand years ago the Hindus cultivated medical studies to a high degree of efficiency; and modern researches have proved that the Greeks as well as the Arabs borrowed much of their medical knowledge from the Hindus. Dr. Wise in his history of medicine expressed the opinion that "it is to the Hindus that we owe our first system of medicine." Twenty-two centuries ago, when Alexander the Great invaded the peninsula, he kept Hindu physicians in his camp for the treatment of diseases which Greek physicians could not heal, and eleven centuries ago Haroun el Rashid of Bagdad retained two Hindu physicians for his personal service. Of all the many medical works, however, the most ancient one and the one most universally studied is "Charaka Samhita." An older work called "Ayurveda" (Science of Life), and supposed to have formed a part of the *Atharvan*, is frequently mentioned. But no trace has been discovered of it. If the latter be not a myth, then it had perished even at the time the work of Agniveca (upon which "Charaka Samhita" is based) was compiled. Another ancient work, also comprehensive and authoritative, but rather more surgical in nature, is "Susruta Ayurveda"; but the great work of Charaka is admitted to have preceded the latter in point of time. Charaka, we are told, is a highly philosophical work, its deliverances on many subjects unsurpassed for brevity and weight, being, like those of Bacon, extremely suggestive. Locked in a difficult tongue, those hints have for ages lain unutilized, and Prof. Max Muller, who pronounces the first fascicle a faithful translation, expects much good to come from the labors of the Pundit Abinash. The work abounds with weighty aphorisms about the causes of disease and its prevention, the truth and beauty of which, considering the age in which they were composed, will compel the admiration of the modern reader. Indeed, Dr. Sircur some years ago observed that "there is much in it that even an accomplished physician will profit by learning."

As an illustration of the system of Charaka may serve the passage concerning the treatment of fever: "Fast, fomentations, time, gruel of barley, and decoctions of bitters destroy all disorders and functional derangements in acute fever." In the absence of our modern specific, cinchona, this must be acknowledged to be rational treatment. In fact, Hindu physicians have long recognized the importance of "time" as a curative agent, where western science thwarts its own designs by harmful attempts at forcing the processes of nature through powerful drugs. Other fundamental truths were early recognized by these wise men. "Correlation," says Charaka, "adverse or absent or excessive, between time, mental faculties, and objects of the senses, constitutes in brief the three-fold causes of disease affecting either the body or the mind." Commenting on this, the translator in the introduction, on which, in fact, the present remarks are largely based, writes:

"Time, in the above, is regarded to be of two kinds; first, the different states or periods of life, as childhood, youth, manhood, old age, and, second, the seasons of the year. That which is done or borne by a person in a certain period of his life and a certain season of the year, may not be suitable to him in another period of life and another season. Then, again, the relation, adverse or friendly, of mental faculties, with both time and objects of the senses, is another fruitful cause of disease in or a condition of health. Western medical science has recently recognized this truth, disease having for a long period been viewed only as a physical derangement brought about by gross physical causes. If properly elaborated, this verse of two lines may be seen to include every possible cause of diseases to which humanity is subject. It is impossible to suppose that generalizations such as these represented only the haphazard guesses of the medical authorities of ancient India. Without doubt they were arrived at after careful observation of centuries. Omitting all references to those portions of the work that deal with pathogenetic conditions, the portions that are purely hygienic and treat how best to keep health, are invaluable to all classes and races of men. The reader will find that some of the highest and latest discoveries of hygienic science were well known to the ancient medical authorities of India. A life of purity, of cleanliness, and freedom from stirring emotions is recommended in language that often rises to the dignity of poetry, and is unquestionably ennobling throughout."

*Charaka-Samhita. Translated into English under the supervision of Abinash Chandra Kaviratna. Cacutta: D. C. Dass & Co. 1890. Issued in successive fascicles of 4 forms, royal octavo, each; 12 fascicles to be issued every year. For subscribers paying in advance Rs. 32 for the whole work.

State Items.

ALABAMA.—Dr. M. J. Green, of Montgomery, died recently.—Dr. J. R. Holgate, of Castleton, Ill., has located at Florence.—Dr. R. M. Searcy, of Birmingham, died July 16.

CALIFORNIA.—Dr. D. C. Elliott, of San Jose, recently married Miss A. L. Barlow.

COLORADO.—Dr. A. Joke has located in Greeley. —Dr. C. D. Dulin, of St. Louis, Mo., has located at Monument.—The state board have licensed the following: Drs. R. T. LeMond, W. E. Sabin, G. W. Curfman, J. S. Wallace, H. G. Haxley, J. A. Richardson, C. J. Ferguson, J. T. Marsdon, W. H. Copeland, H. G. Kneeland, Horace Gibson, Francis Dean, O. L. Thompson, William B. Spence, D. H. Ludlow, W. C. Braden, William S. Bogart, W. W. Van Velsor, Calvin K. Smith, of Denver; H. W. Whitherill, J. H. Rice, E. B. Hopkins, F. C. Chamberlain, of Colorado Springs; L. C. Toney of Manitou; C. D. Dulin, of Monument; H. T. Meton, of Canon City; Samuel S. Werdnir, Edwin C. Reed, of Pueblo; George H. Moulton, of Glenwood Springs; V. P. English, of Aspen; Charles M. Read and Thomas Cavany, of Leadville; Charles McCann, of Lenado; J. A. Gafford, of Buena Vista; Luis Heernandey, of Walsenburg; Sarah E. Holmes, of Breckenridge; S. T. Snick, of Fort Collins; C. W. Balfour, of Fort Morgan; and William P. Chisholm, of Plattevillle.

CONNECTICUT.—Dr. J. B. Robertson, of New Haven, died July 11 at the age of 83. The following physicians have been appointed medica examiners for Litchfield county by Coroner Richard T. Higgins: Litchfield, Charles O. Belden; Barkhamsted, Howard D. Moore; Bethlehem, Leander Y. Ketcham, of Woodbury; Bridgewater, Frederick E. King, of New Milford; Canaan, Harry E. Carter; Colebrook, William S. Hulbert, of Winsted; Cornwall, I. L. Hamant; Goshen, James Howard North; Harwinton, Thacher S. Hanchett, of Torrington; Kent, John W. King; Morris, Charles O. Belden, of Litchfield; New Hartford, Jerry Burwell; New Milford, Frederick E. King; Norfolk, William W. Welch; North Canaan, John W. Camp; Plymouth, William P. Sweet; Roxbury, L. J. Pons; Salisbury, Harry M. Burtch; Sharon, William W. Knight; Thomaston, Charles F. Smith; Torrington, Thacher S. Hanchett; Warren, R. A. Marcy, of Washington; Washington, Orlando Brown; Watertown, Walter S. Munger; Winchester, William S. Hulbert; Woodbury, Leander Y. Ketcham.

DISTRICT OF COLUMBIA.—Dr. W. W. Johnson, of Washington, recently married Mrs. S. Shannon.

GEORGIA.—Dr. A. D. Johnson, of Atlanta, has been sued for malpractice.—Drs. W. S. Coleman and Charles Montgomery have located at Augusta. —Dr. J. S. Coleman, of Augusta, died recently.— Dr. E. C. Downing has located at Atlanta.

ILLINOIS.—Dr. C. E. Bacon, of South Denver, Col., has located at Table Grove.—Dr. Donovan, of Pontiac, was recently drowned.—Dr. Binney, of New Douglas, died July 5.—Dr. R. C. Shultz, of Forreston, died July 1.—Dr. Morrill has located at La Grange.—Dr. Eberman, of Quincy, died recently.—Dr. Reed, of Bellevue, died July 12.—Dr. E. T. Trummer has located at Rock Island.—The state board of health has licensed Drs. Charles E. Boisvert, Henry M. Brown, William J. Carpenter, Roscoe N. Doyal, George E. Rollins and Charles H. Williams, of Chicago; T. D. H. Coe, Keithsburg; Lewis W. Ford, Flat Rock; E. L. Huestis, West Jersey; Lewis William Krieger, Peoria; Arthur Parson, Elmira; A. G. Patton, Monmouth; Louis P. Schroeder, Hoyleton; Charles G. Smith, Belmont; John H. Spencer, of Murrayville, and Edwin L. Stevens, of Decatur; George A. Coons, E. M. Cunningham, Emmet W. Doolittle, Joseph J. Fortier, William T. Hall, James H. Manny, J. M. Hanstmair, Edwin E. Sheffield, Henry S. Sheffield, and J. R. Wilson, of Chicago; C. M. C. Buchanan, of Easton; Norman Leeds, of Bellmont; Felix Behrendt, A. S. J. Burchett, Narcissus Garand, Moritz Krans, A. R. Martin, J. J. Roche, R. L. Smith, E. J. Walsh, and W. H. Wood, of Chicago; J. W. Carlton, Carthage; E. M. Cooley, Eaton; G. W. Green, Ravenswood, and John Weir, of Eaton.— *Chicago.*—Drs. J. Suydam Knox and J. Rhodes Wilkins died June 28.—Dr. M. J. O'Rourke died July 7.—Dr. J. E. Owens and the St. Luke's Hospital have been sued for alleged malpractice.—Judge Brown, of the insane court, threatens to fine physicians for non-attendance as witnesses. A demand for the witness fee of $1, and its refusal, will prevent any fines.—Dr. R. D. Boyd, of 3952 Cottage Grove avenue, and D. Berry, of Forty-third street and Cottage Grove avenue, are accused of causing the death of a little daughter by administering chloroform. The child broke her arm in falling down-stairs and died under the influence of the anæsthetic, which, it is claimed, the parents requested the doctors not to use. Convulsive phenomena were the precedent fatal symptoms. There is no doubt but that due diligence was used and death was due to other causes.

INDIANA.—Dr. P. H. Curtner, of Evansville, died July 7.—Dr. De Caux Tilney has located at Crawfordsville.—Dr. J. W. Ladne, of Denver, died July 12 of symptoms simulating those of typhoid fever but resulting from a renal abscess.—Dr. B. C. Hobbs, of Bloomingdale, died June 25.—Dr. A

E. Barber has located at South Bend.—Dr. Jas. Green, of Shelbyville, died July 17.—The Curtis Physio-Medical Institute at Marion sells diplomas for $22.50.

IOWA.—Dr. A. Foster has located at Lyons.—Dr. C. O. Eigler, of Defiance, recently married Miss D. Frazier.—Dr. Hobson, of Bristow, has located at Hampton.—Dr. A. W. Pearsons, of Union, recently married Miss G. L. A. Henshaw.—Dr. B. W. Gantz, of Fairfield, recently married Miss L. Lang.—Dr. W. Van Warden has located at Des Moines.—Dr. A. J. Nossaman has located in Pella.—Dr. Starr, of Ottumwa, has been sued for malpractice.—Dr. I. F. Crosby recently married Miss Mack, of Stuart.—Dr. J. H. Kern has located in Nelson.—Dr. Abegg, of Albia, was sued for malpractice, it being alleged that he had improperly set a fracture. The plaintiff won, and now a malpractice suit has been instituted against nearly every physician in the county. It is evident that advertising shysters are behind these suits.

KANSAS.—Dr. D. A. Myers, of Everest, died recently.—Dr. H. A. Meier, of Manhattan, has removed to Dennison.—Dr. I. Moore, of Kansas City, died June 30 at the age of 75.

KENTUCKY.—Dr. C. H. Edwards, of Franklin, died July 18.—Dr. J. C. Chapman, of Stewartsville, has located in Williamston.—*Louisville.*—Dr. Moody has had under care a hæmophiliac who died from a pin scratch.—Dr. S. B. Anderson died July 6.

LOUISIANA.—Dr. E. S. Young, of Baton Rouge, was recently drowned while bathing.

MAINE.—Dr. D. N. Skinner, of Auburn, died ecently.—Dr. R. S. Grove has located in Biddeford.

MARYLAND.—Dr. J. Funck, of W. Baltimore, married Miss Emma J. Maddux, and Dr. R. K. Jefferson, of Federalsburg, July 1,

MASSACHUSETTS.—Dr. C. C. Terry, of Newburyport, was recently killed while fencing by the foil penetrating his mask and entering his eye. He diagnosed fatal brain injury and awaited death with calm dignity.—Dr. John Hooker, of Springfield, died July 11 at the age of 75, after 54 years practice.—Dr. J. W. Brown, of Framingham, died July 6 at the age of 79.—Dr. Jennie R. Baker has been appointed assistant physician Northampton insane-hospital.

MICHIGAN.—Dr. W. Brownell has located at Utica.—Dr. F. H. Knickerbocker has been appointed pension examining surgeon at St. Ignace, and Drs. C. T. Southworth and P. S. Root at Monroe.—Dr. I. N. Eldridge, of Flint, recently married Mrs. E. Ruscoe.—Dr. Julia Peterson, of Sand Beach, recently married Mr. Elmer Snearly.—Dr. Jennie Smith, of St. Clair, has removed to Ann Arbor.—Dr. Emma L. McCollum, of Coldwater, has removed to Battle Creek.—Dr. Holcombe has located at Farmington.—Dr. H. V. Word, of Grand Rapids, married Miss M. Currier, June 30.—Dr. Spalding, of Grand Rapids, died July 16.—Dr. 'J Gibson has located at Mt. Clemens.—*Detroit.*—Dr E. S. Snow died July 19, after 60 years practice.—Dr. Donald MacLean married Mrs. S. E. Duncan June 30.

MINNESOTA.—The following have been licensed by the state board: Drs. G. R. Curran, Cannon Falls; Edward L. Estabrook, Minneapolis; D. C. Jones, St. Paul; C. F. Cook, Minneapolis; J. G. Erickson, Marine Mills; E. W. Ruggles, White Cloud, Mich.; J. D. Deacon, Crookston: Cliff Lindsay, Minneapolis; Charles H. Neill, Minneapolis; O. H. Singe, West Superior; Henry E. Wunder, city hospital: George M. Rees, Merritt; A. B. Chalmers, New Paynesville; W. I. Smith, Waseca; C. J. Fjelstad, St. Peter; J. W. B. Wellcome, Sleepy Eye; A. B. Hawes, Hastings; William J. Awty, city hospital; Frank C. Todd, Minneapolis; Charles J. Mead, St. Paul; B. R. Rasmusson, Minneapolis; R. J. Haas, Humboldt, Mich. and J. D. Utley, Glenwood, Wis.

MISSOURI.—Farley is without a physician.—Dr. L. T. Hall has been elected first assistant physician to the Fulton insane-hospital.—*St. Louis*—Dr. H. M. Whelpley married Miss L. E. Spannagel June 29

MONTANA.—Dr. A. C. McClanahan, of Red Lodge, recently married Miss M. Esson.

NEBRASKA.—Dr. Kile, of Atlantic, Ia., has located in Creighton.—Dr. E. E. Sloman, of Omaha, was recently drowned.

NEVADA.—Dr. F. L. Ross has located at Reno.

NEW HAMPSHIRE.—Dr. C. E. Dodge has located in Manchester.

NEW JERSEY.—Dr. L. M. Slocum, of Long Branch, died recently of paretic dementia.—Dr. Jas. S. Green, of Elizabeth, died July 3.—Dr. N. W. Condict, of Morristown, died June 29 at the age of 83.—Dr. E. Fithian has just celebrated his centenary.—Dr. T. B. Flagler has located at Hope.

NEW YORK.—Dr. N. Borst, of Poughkeepsie, recently married Miss E. Woods.—Dr. J. Hoffman, of Maramoneck, died recently. — Dr. Leverett Moore, of Kallston, died July 13, in the 84th year of his age, and the sixty-third of his practice.—Dr. W. S. Scudder, of Northport. L. I., suicided July 19.—Dr. Boon has located at Atlanta. —Dr. W. R. Childs, of Cannonville, died July 9, at the age of 73.—An attempt made to blackmail Dr. Bourne, of Tompkinsville, S. I., resulted in the discomfiture of the blackmailer, and the disclosure of the fact that he forced his wife to confess intimacy with Dr. Bourne at the point of the revolver. Dr. Bourne deserves the thanks of the local profession for checking an incipient blackmail epidemic.—*Brooklyn.*—Dr. H. Fearn died recently.—*New York City*—Dr. E. J. White has removed to 33 West Nineteenth street.—Dr. C. Waldermier has retired from active practice. Dr. William Waldermier

succeeds him.—Dr. J.F. Malcomb recently married Miss M. Webb.—Dr. H. Slade recently married Miss E. Anderson, and Dr. G. Lelacheur Miss M. L. Barber.—Dr. L. W. Bacon, Jr., married Miss E. W. Schussloch, July 6.—Dr. S. Paton married Miss M. Halsey and Dr. Amelia W. Fendler, Dr. Alex. Abrams—Dr. E. J. Donlin succeeds his deceased brother, Dr. P. E. Donlin as coroner's physician.—Dr. J. F. Fitzgerald has been appointed second assistant Binghampton insane-hospital.

NORTH CAROLINA.—Dr. J. H. Gilkey, of Marion, died July 2.

OHIO.—Dr. Zimmerman, of Paris, has removed to Sparta.—Dr. R. M. Hughey has been appointed assistant physician to the Athens insane-hospital. —Dr. E. J. Dozer has located in Crooksville.—Drs. E. B. McDaniel, of Waverly, and J. L. Stover, of Corning, died July 2.—Dr. Boroughs has located at Casstown.—Dr. Wood has been appointed assistant physician to the Athens insane-hospital —Dr. Mary J. Finley has located at Mansfield.—Dr. F. W. Walz, of Cleveland. recently married Miss C. L. Haserot.—Dr. R. L. Grimes has located in Urbana and Dr. Schwartz in Greersville.— Dr. John Cowan committed suicide July 1.—Dr. W. J. Beet, of Chicago Junction, is dead.—Dr. L. L. Yonker recently married Miss Goldourer.—Dr. L. B Massey, of Sandusky, died July 13.—An Ohio lunatic was shrewd enough to convince the asylum physicians that he was entitled to his discharge. But by insisting on showing his discharge papers to Governor McKinley he proved that the doctors were wrong, and was locked up again when caught. —Dr. Mendenhall, of Kenton, married Miss B. Bryan July 4 —Dr. L. S. Hoover has located in Laura.—*Cincinnati.*—Dr. R. C. Heflebower married Miss H. von Reissenborg July 1.

OKLAHOMA.—Dr. Kallenbach, of Beaver City, died recently.

OREGON.—Dr. M. F. Shaw has located in Roseburg.—Dr. W. Cottell, of Portland, married Miss L. M. Campbell July 6.—Dr. B. L. Bradley has located at Roseburg.

PENNSYLVANIA.—Dr. J. R. Livingston, of Huntington, committed suicide July 18.—Dr. G. B. Cameron, of Erie, recently married Miss H. Johnson, and Dr. Lloyd, of Wilkesbarre, Miss E. Arnold.—*Philadelphia.*—Dr. H. W. Moore married Miss R. L. Lambert July 2.—Ten drops of paregoric, given by an ignorant mother, killed a 26-days-old girl.

RHODE ISLAND.—Dr. J. L. Ashton, of Pawtucket, died July 14.—Dr. L. J. Kiernan, of Pawtucket, has been elected assistant surgeon second regiment R. I. M.

SOUTH CAROLINA.—Dr. P. A. Wilhite, of Anderson, died recently.

TENNESSEE.—Dr. A. W. Barrow has located in Chattanooga.—Dr. J. W. Davis, of Fayetteville, recently married Miss A. Murray.

TEXAS —Drs. W. Means of Decatur and Seough of El Paso died July 13.

UTAH.—Dr. H. W. Richards, of Salt Lake City, died July 7, and Dr. Guillemot July 6.

VERMONT.—Dr. H. O. Bartlett, of Milton, died recently.

VIRGINIA.—Dr. Wells, of Wise county, was called out and Croninized.

WASHINGTON.—Dr. C. S. Kalb, of Spokane, recently married Miss F. L. McMullen.—The state board has licensed Drs. A. B. Strode, of Toledo; J. E. Stauffer, of Spokane; M. B. Mattice, of Sedro; A. S. Oliver, of Yakima; H. R. Elderkin, of Spokane; C. W. Thomas, of Walla Walla; R. C. Corey, of Olympia; L. Porter, of Roslyn; E. Buchanan, of Tulalin; F. L. Bosqui, of Dayton; C. P. Duffy, of Spokane; W. L. Hall, of Thornton; W. J. B. Baird, of Seattle; W. T. Miles, of Seattle; Thomas A. Griggs, of Chelan; E. E. Maxey, of Caldwell, Idaho; G. W. Stockwell, of Everett; Belle H. Smith, of Seattle; F. B. Whiting, of Seattle; S. J. Bridenstine, of Sidney; W. A. Appleby, of New Whatcom; D. L. Smith, of Spokane; A. P. Fillmore, of Spokane, and Antonette Williams, of Seattle.

WEST VIRGINIA.—Dr. T. A. Harris has removed to Murdoch's pharmacy, Parkersburg, and Dr. L. N. Burchinal to 2330 Chapline street, Bellaire, and Dr. R. C. Bland to 1020 Main street, Parkersburg.

WISCONSIN.—Dr. A. W. Trevitt has been elected Wausau health officer.—Dr. J. F. McClure, of Beaver Dam, died July 24.—Dr. James Hiltner, of Kaukana, recently married Miss Cornee.

THE CHICAGO ACADEMY OF MEDICINE met July 8, at the Leland. Dr. W. A. Evans was elected chairman. After the usual banquet, Dr. J. F. Oaks was elected a fellow of the Academy, and a paper by Dr. L. Hektoen on "Autopsy Results in the Walsh and Scudder Cases" was read and discussed by Drs. Cuthbertson, Pearson, Evans, Oaks and Kiernan. The Academy then adjourned subject to the call of the directors.

THE NEW JERSEY MEDICAL SOCIETY elected the following officers:

President, Dr. George T. Welch, of Passaic; vice-presidents, Dr. J. Ryerson, of Boonton; Dr. O. H. Sproul, of Flemington; Dr. William Elmer, Jr., Trenton; corresponding secretary, Dr. E. L. B. Godfrey, Camden; recording secretary, William Pierson, Orange; treasurer, Dr. Archibald Mercer, Newark; standing committee, Dr. D. E. English, New Brunswick; Dr. E. P. Townsend, Camden, and Dr. H. W. Elmer, Bridgeton. Spring Lake was selected as the place of the next meeting.

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SUICIDE.*

BY JAS. G. KIERNAN, M. D., CHICAGO.

FELLOW OF THE CHICAGO ACADEMY OF MEDICINE; LECTURER ON FORENSIC PSYCHIATRY, UNION LAW SCHOOL OF CHICAGO.

> Not to be born surpasses every lot;
> And the next best lot when one is born
> Is to go back whence he came as soon as possible.
> —Sophocles "Œdipus."

Sophocles here preaches a pessimism which he certainly did not practice, since he enjoyed himself thoroughly until the end of a good old age. Such pessimism, however, underlies the Chinese proclivity to suicide as it underlay the suicide of many a Greek of Sophocles' day when suicide caused by a finger-joint out of place was eulogized by philosophers as an act of supreme courage. Public opinion even then, however, justified suicide only under certain conditions, since when a suicide epidemic broke out among Grecian maidens it was promptly checked by the exposure of the nude corpse to the gaze of the populace.

Despite the influence, which all monotheistic faiths teaching immortality exerted against suicide, despite the influence of ancient race customs, suicide continues to increase among civilized people faster than the population. Suicide seems to be a voluntary act, yet it is regulated by certain well-defined laws so far as its causes are concerned. Certain factors predispose to suicide. Of these factors climate, contrary to popular opinion, exerts the least influence. The most suicides occur in Europe between 45-57° latitude, and 20–40° longitude. The least amount of suicide occurs on an isothermal line of 63.5°F, running through Italy, Spain, Portugal and Corsica. Temperature alone, however, does not play a great part, since on the isothermal line of 50°F. there occur the following variations: In the United States the rate is 35 per million; in Ireland, 16; in England, 67; in Belgium, 55; in the Netherlands, 35; in Hanover, 140; Prussian Saxony, 228; Galicia, 98. The suicide rate, all other things being equal, is greatest along the great rivers, and least in low marshy districts. The maximum suicide rate is that of June, the minimum that of winter.

*Read in outline in discussion before the Chicago Academy of Medicine.

Race plays a large part in determining suicide. Among the Teutonic races the Germans and Scannavians have a high suicide rate while the suicide rate among the Hollanders and Anglo-Saxons is relatively low. To a certain extent the large Celtic admixture in the Anglo-Saxon has reduced the suicide rate. The Celtic race tendency is against suicide. In Chicago the Scandinavian suicide rate is thirteen times that of the Irish. The influence of the mobility of the Celt is one factor in the reduction of the suicide rate, but the mutual help resulting from the old clan system is probably the largest factor. The great influence of this last is shown in the case of the Hebrews, who with a differing faith and less mobility of temperament have, because of their tendency to mutual help, a low suicide rate.

The suicide rate of American cities varies greatly although the urban suicide rate far exceeds the rural. The suicide rate of Chicago is more than eight times the average American suicide rate while the New York suicide rate is somewhat over half that of Chicago. Did suicide rates always measure, as the ygenerally do, civilization, New York would really belong to the "effete east". There are, however, other factors; the Celtic, Hebrew and other non-suicidal races form a much greater percentage of the population of New York than they do of Chicago. The influence of the anti-suicide law is also demonstrable. In 1881 when that law went into effect the suicide rate was 166 per million. The suicide rate at present is but 147 and has remained about that figure for the last five years.

There are, contrary to the prevalent opinion, thrice as many suicides among men as women. The mobility of temperament which decreases the Celtic suicide rate decreases the feminine. It also decreases the child suicide rate. Suicide in children is less than one half the very low Celtic rate in the United States. In the fourteen months ending December, 1891, sixty

two children committed suicide in Berlin (Ger.). The youngest had not reached the age of seven. The percentage there is higher for the same reason which will increase it here: the increase of school over-pressure. The exciting cause of the suicide is usually a trivial one. One boy killed himself to get rid of "so much dressing and undressing."

No less than five attempts at suicide were made during 1887, by children under fourteen years of age, resident in a Philadelphia district less than a mile square. In three cases the attempts were successful. In three of the five cases the moral epidemic nature of suicide was shown in the fact that one suicide was an exciting cause of two suicides and one attempt. In all five cases, the approach of puberty had produced its usual emotional disturbance. The immediate causes were, as in most child suicides, trivial. Hanging was the favorite method, although one girl (who seems to have formed the melancholiac delusion that she had hanged one playmate who committed suicide) took laudanum. She recovered from the poisoning and the melancholia. With the increasing social tendency to expose children to financial and other mental stress at the critical period antecedent to puberty, suicides, insanity and criminality among children must, in the nature of things, increase. Sanitarians should pay a little more attention to the labor demanded from children. It is a disgrace to American civilization that the almighty dollar Moloch should require so many infantile sacrifices.

Army life strongly predisposes to suicide so that suicide prevention in the European armies has become a very serious problem. The suicide rate in European armies far exceeds the rate of the country to which the army belongs. The German army has a suicide rate of 670 per million; the Italian army 400; Belgian 240; English 230; English-Indian 480; Russian army 200; Spanish 140. The suicide rate of the French army of the interior fell from 470 under the empire to 290 under the republic. The Algerian and Tunisian army of France displays decided evidence of the influence of home-sickness, for its rate is 630 per million; more than twice the home rate. However, the suicide increase in the German army is much less proportionately than that of most nations.

Suicide-laws may seem useless, but experience has shown that burial ceremonies appeal very strongly to the vanity of a dying person. There can be but little doubt that the English law (which prohibited burial ceremonies, and ordered the body buried at the junction of four cross-roads with a stake through its heart) was psychologically sound; to it in no small degree was due the rapid persistent decrease in suicide in the Scandinavian and Saxon districts of England. The law was, however, often dodged in two ways. The verdict of death in a "state of mental aberration" was often returned, and legal technicalities were used to disprove suicide. Shakespeare thus ridiculed the coroner's rulings (in an actual case) in "Hamlet":

1. Clown. Is she to be buried in Christian burial that wilfully seeks her own salvation?
2. Clown. I tell thee she is; and therefore make her grave straight; the crowner hath set on her and finds it Christian burial.
1. Clown. How can that be unless she drowned herself in her own defense?
2. Clown. Why, 'tis found so.
1. Clown. It must be so *se offendendo*; it cannot be else. For here lies the point: If I drown myself wittingly, it argues an act and an act hath three branches; it is to act, to do and to perform; argal, she drowned herself wittingly.
2. Clown. Nay, but hear you goodman delver,—
1. Clown. Give me leave. Here lies water; good: Here stands the man; good: If the man go to this water and drown himself, it is will he, nill he, he goes—mark you that; but if the water come to him and drown him, he drowns not himself: Argal, he that is not guilty of his own death, shortens not his own life.
2. Clown. But is this law?
1. Clown. Ay marry is't, crowner's quest law.

The prevalent notion that suicide is an insane act is erroneous. No act by itself alone is evidence of sanity or insanity. In non-suicidal races, suicide is strong presumptive evidence of insanity. In the very suicidal races it is no evidence either way. Indeed, under certain conditions it may be evidence of sanity. There is in India a caste of carriers noted for the safety of the articles entrusted to them. If one be attacked by robbers he solemnly threatens them that he will kill himself. Whereupon on their persistence he kills himself, and the caste of carriers is bound to hunt down and kill the robbers until they and their families are extinct.

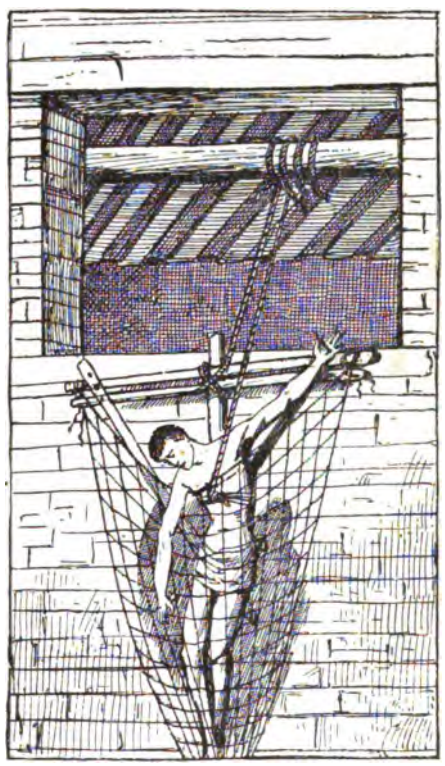
Suicide not being always an insane act the value of laws like the English and New York becomes evident. Even in Greece modesty was found to prevent suicide. Napoleon Bonaparte once stopped an epidemic of suicide in his army by stigmatizing the suicides as cowards.

Suicides among the insane are peculiarly persistent. Melancholiacs (who are "just a little sad") are the most determined and persistent. The absence of pain and shock among the insane enables them to attempt suicide in ways impracticable to the sane. One lunatic dried his bread. He then sawed his chest open with it and stuck splinters into his heart. He recovered from these injuries. In four other cases from forty-five to one hundred and four wounds were inflicted in attempts at suicide. One man stabbed

himself four times; penetrating the heart once. He then broke his skull with a hatchet and finally attempted suicide by drowning but was resuscitated to die of his wounds. Another quaint suicide was that of the Frenchman who hanged himself to the church bell to secure its tolling and thus escape the religious penalties of suicide. The hour chosen was an unusual one for bell-tolling, so he was detected and cut down before death ensued.

Suicidal wounds are generally parallel. In regard to suicidal throat wounds Dr. J. H. Clark* states that in these wounds the deepest part is usually the beginning of the wound, and generally on the left side, the only exception being in the case of a left-handed man, and the wound finishes off by a tail-end, involving little more than the skin. The larger vessels of the neck escape direct injury as a rule, but in the majority of cases of this kind an opening is made into the air passages. The upper part of the throat seems to be the point of selection generally, between the thyroid cartilage and hyoid bone and over the larynx; the wound beginning well back under the left ear with a plunge of the knife or razor used, and—being drawn forward across the throat—passes more superficially in a regular clean cut, leaving the large vessels plainly to be seen pulsating at the base of the wound. The weapons commonly employed are sharp table and carving knives, razors, penknives and bowie knives or stilettos. As a rule the patients die from hæmorrhage, asphyxia, air passage inflammation and lung inflammation, shock, or starvation.

An extraordinary attempt at suicide was that of an Italian paranoiac who determined to crucify himself for the sins of the world. He deliberately set about the manufacture of a cross and all the adjuncts necessary for crucifixion. Perceiving it would be difficult to nail himself firmly to the cross, he made a net which he fastened over it, securing it at the bottom of the upright beam, a little below the bracket he had placed for his feet, and at the ends of the two arms. The whole apparatus was tied by two ropes, one from the net and the other from the place where the beams intersected each other. These ropes, fastened to the bar above the window, were just long enough to permit the cross to lie horizontally on the floor of the room. These preparations finished, he put on his crown of thorns, some of which entered his forehead. Stripping himself naked he girded his loins with a white handkerchief. Then he introduced himself into the net, and, seating himself on the cross, drove a nail into his right palm by striking its head on the floor until the point appeared on the other side. He placed his feet on the bracket, and, with a mallet, drove a nail through them both, entering a hole he had previously made to receive it, and thus fastening them to the wood. He then tied himself to



SUICIDE BY CRUCIFIXION (LOMBROSO).

the cross by a piece of cord around his waist after which he wounded himself with his shoemaker's knife in the left side, but failed to injure any important organ. He had made several scratches on his breast to determine the place of least resistance. This knife represented the spear of the crucifixion. This was done in his room. In order to show himself to the people he placed the foot of the cross upon the window sill, which was very low, and by pressing his fingers against the floor he gradually drew himself forward until the foot of the cross, overbalancing the head, the whole machine tilted out of the window and hung by the two ropes fastened to the beam. He then nailed his right hand to the arm of the cross, but could not succeed in fixing the left, although the nail by

*MEDICAL STANDARD, Vol. X. p. 40.

which it was to be fixed was driven through until half of it came out on the other side. After hanging thus an hour he was noticed, detached from the cross and put to bed. He recovered from the wounds, but his mental state remained morose, taciturn and solitary.

Dr. Brainerd, of Los Angeles, points out a peculiarity of insane suicides which explains their seeming immunity for a long time from the impulse. Most of them have an impulse or propensity to accomplish it by some special method, and are quite likely not to attempt to take their own lives, though numerous opportunities may offer, unless the one method, to which their minds constantly revert, presents itself. The man who has an impulse to hang himself is quite unlikely to cut his throat or poison himself, though he may have ample opportunity to do so. He reports the case of a patient who had made numerous attempts to hang or strangle herself, but was as much frightened as anyone at the prospect of being killed by a tornado. Melancholiacs who have a morbid fear of death by some violent means, such as hanging, drowning, being disemboweled, etc., are very likely to take that very method to escape their dreaded fate.

Some suicides drop like Mr. Wegg into "poetry." One Chicago specimen left the following couplet:

Here's a receipt for a popular suicide,
Take twenty grains of potassium cyanide.

He was a photographer and sought a painless death. German maidens often soak matches in beer and leave the world with a libation to Gambrinus. "Rough on rats" and strychnine are astonishingly popular considering the painful death produced by them and the ease with which morphine and laudanum can be procured. Suicide by poison and drowning are most frequent among women since they disfigure least. Revolutionists, miners and quarrymen often use dynamite. A Chicago lunatic convicted of the murder of a policeman at an anarchist meeting blew his face off with a dynamite cartridge and thereby ensured what, in a sane man, would have been horrible suffering.

Penalties could exert but little influence on most insane suicides. The mass of suicides are, however, affected by them. Wherefore a modification of the New York suicide law (by a clause giving the body for dissection) would tend to check the growing suicide rate in Chicago.

THE "Vis Medicatrix", the organ of the Iowa Medical Society, has "joined the great majority."

HYMEN OBSTRUCTING LABOR. — Dr. J. Cuthbertson Walker ("Brit. Med. Jour.") recently attended a healthy primipara, aged about 22. The head was distending the perineum, but on examination he found he could not sweep the examining finger around the head; there was evidently something obstructing it. He exposed the patient, and found the hymen tightly stretched over the head, like the skin of a drum. He at once proceeded to divide it, but while doing so the child was shot suddenly into the world unfortunately rupturing the perineum.

PARIS GREEN IN LARGE DOSES: RECOVERY.—Dr. T. A. Augur, Mt. Kisco, N. Y., ("Med. World") reports the case of a young lady who had taken, with suicidal intent, nearly two ounces of paris green. She had vomited freely, and beyond giving or attempting to give an antidote of dialysed iron, he did nothing, from the fact that she resisted, and very effectually, everything that was done for her. Twenty-four hours after taking the poison she vomited a piece of hard paris green as large as a walnut, and covered with mucus.

FŒTUS IN ABDOMEN—TWO SUBSEQUENT NORMAL LABORS.—Dr. M. D. Mann exhibited at a recent meeting of the Erie County (N. Y.) Medical Society a fœtus which had been in the abdomen for thirteen years, during which time the patient had married a second husband and had had two children.

LONG FUNIS.—Dr. T. B. Grayson, Winkler, Tex., delivered ("Med. World"), after a natural labor, a nineteen-year-old primipara, of a seven-and-a-half-pound male child. The cord was circled around the neck three times, and also loosely knotted about three inches from the umbilical attachment. It measured four feet two inches.

HEPATIC PHLEBOTOMY in hypertrophic hepatic cirrhosis has sometimes been followed by good results according to Harley ("Mercredi Med."). He holds that visceral phlebotomy should be practiced on every accessibly situated internal organ in preference to leeching and cupping.

ARGYRIA FROM URETHRAL APPLICATIONS. —Dr. Fordyce has ("Jour. of Cut. and Genito-Ur. Dis.") seen a patient in whom general skin discoloration resulted from prolonged local use of silver nitrate in the deep urethra.

AORTIC STENOSIS.*

BY E. B. BORLAND, M. D., PITTSBURG.

This case is reported for consideration and comment, on account of its being one of the rarer forms of organic change in the valve orifices of the heart, its murmur being frequently confounded with functional murmurs at the base, and its treatment being based on indications differing from the routine treatment of the other valve orifices or valve lesions.

Case I. A sixty-three-year-old woman had a good family history, except some tendency to rheumatism in some of the other members of the family. She gives a history of chronic bronchitis in early life. Was married at the age of 46. Her first and only child was born after a difficult labor. General health good for the last forty years preceding the present trouble, which began about two years ago, when she first noticed some shortness of breath on exertion and a little later on a short cough troubled her on rising in the morning. At intervals she complained of some uneasiness and pain in the region of the heart, and had frequent attacks of fainting. About one year ago she came under my observation with the following symptoms: Appetite poor, tongue moist, intensly red and deeply fissured. Tenderness over the stomach and some irregularity of the bowels. General appearance of anæmia and emaciation. Radial pulse so weak and compressible that it could only be counted with difficulty. Examination of the chest revealed the usual signs of chronic bronchitis. The impulse of the heart against the chest wall was not perceptible, and the position of the apex beat could not be determined by palpation on account of the feeble systole. The first sound of the heart, as heard over the mitral area, was very feeble, shorter than normal and absent in about one systole in twelve. The second sound, as listened to over the base, was preceded by a low pitched systolic murmur. The veins were more prominent than normal but no signs of dropsy. During last summer she suffered from the usual number of "fainting spells," followed by general prostration lasting for several hours to several days. These attacks were evidently excited by unusual physical exertion or chill. During their continuance the heart's action was weakened, the cough increased, cyanosis deepened and the tendency to syncope on rising much greater than usual. These attacks were treated with small doses of morphine or alcoholic stimulants. Digitalis was tried several times cautiously in small doses, but had to be discontinued on account of its increasing the dyspnoea and cyanosis, causing signs of pulmonary congestion and making the heart more irregular. Several preparations of iron were given to correct the general anæmia but were not well borne by the stomach. Teaspoonful doses of emulsion of cod liver oil given just before meals gradually improved her appetite and strength. The attacks of heart exhaustion became less frequent and less severe. In the early part of the winter she had an attack of acute bronchitis with a moderate rise of temperature, which yielded to the usual remedies. No other rise of temperature was noted; it being usually subnormal, Her condition at present is as follows: Tongue still red and fissured, digestion improved, urine normal in color and quantity, specific gravity 1.022. No albumen or sugar, reaction decidedly acid, precipitate containing an excess of lime salts. The radial pulse is tardy, small and beats about sixty to the minute, but is noticeably stronger than it was a year ago. The percussion wave of its tracing has a low amplitude, the ascent is more gradual, the apex more rounded and the descent more gradual than normal. No dicrotic waves can be detected with the finger, and there is no visible pulsation in any of the larger arteries. The pulse intermits when the cardiac sounds are absent. The temperature in the afternoon is about 97.5

The physical signs of bronchitis have almost disappeared, but the respirations are still about 28 per minute. The cough is absent except on rising in the morning.

The area of percussion dullness over the heart cannot positively be determined on account of the mammary gland. There is no impulse in the fifth intercostal space either on inspection or palpation. The apex probably strikes the sixth rib. The first sound, as listened to over the mitral area, is shorter, higher in pitch, and has lost its booming quality. Over the aortic area, during systole, a harsh murmur is heard which is transmitted to the subclavian and carotid arteries. No sound is audible over the aortic area at the time of the closing of the semi-lunar valves, but over the pulmonary valve area the closing of the semi-lunar valves of the right heart can be heard distinctly.

The clinical history of this case is one of atheroma of the aortic orifice, coronary arteries, and probably, to some extent, of all the larger arteries, with infiltration of lime salts, particularly around the aortic orifice. The age of the patient is in favor of atheromatous changes. After the aortic valves close there is no sign of a regurgitant murmur. This is evidence that the free edges of these valves approximate, and that there are no vegetations on their ventricular surfaces. The murmur heard over the aortic area during the passage only of the blood from the left ventricle to the aorta, is evidence of nar-

*Allegheny Co. (Pa.) Med. Soc. Trans. Cond.

rowing of the orifice or thickening of the bases of the valves so they cannot be pressed into the sinuses of Valsalva, or both. The imperfect nutrition of the heart is shown by its feeble systole, intermittent pulse and lack of complete compensatory hypertrophy. These are signs that the openings into the coronary arteries are either obstructed or these vessels are in a condition of sclerosis.

The irregular intermittent action of the heart is not a necessary factor of simple aortic stenosis but is considered characteristic of diseased coronary arteries.

The aortic direct murmur is more likely to be mistaken for functional murmurs than any other abnormal sounds. The latter is most frequently heard over the base during systole, and the anæmia and emaciation in this case would seem to favor the functional murmur. In simple anæmia murmurs the frequency and force of the heart's action increases during mental excitement or physical exertion; or, in other words, there is a marked temporary palpitation. In this case the heart's action is weakened and not noticeably increased in frequency under similar conditions. The pulse of anæmia is not only more frequent but is large and soft. In its tracing the percussion wave has a higher amplitude; the ascent is steeper; the apex pointed and the descent rapid. While the general health of this patient has improved and the other valves can be heard closing more distinctly than a year ago, the murmur has increased in intensity and pitch instead of diminishing. Functional murmurs are heard over the pulmonary as well as over the aortic areas but do not replace the normal sounds.

The use of digitalis was not permissible in this case on account of its main action being the stimulation of the cardiac inhibitory center, nerve, nerve endings, and ganglia; thus slowing the heart still more by increasing the length of the diastole which robs the brain of sufficient blood during the intervals between the systoles to maintain consciousness and vital action. Further, digitalis markedly stimulates the vasomotor nerve apparatus and contracts particularly the arioles and delivery vessels, thus increasing the obstruction in front of the weakened, badly nourished left ventricle.

The treatment of the periods of heart exhaustion was based on two indications: Stimulation of the cardiac motor and accelerator nerves and ganglia, and removal as far as possible of the obstruction to the outflow of the blood into the peripheral circulation. Morphine in small repeated doses (gr. $\frac{1}{16}$ to $\frac{1}{8}$) evidently increases the force and frequency of the heart by stimulating the cardiac motor and accelerator nerve apparatus. It relieves obstruction in front of the heart by relaxing the voluntary muscular system and dilating the vessels of the skin. Its action in congesting the brain relieves the tendency to syncope. It also depresses the respiratory center, and slows respiration which seemed beneficial in this case on account of the disproportion between the respiratory movements and the pulse beats. Alcohol, in small repeated doses, stimulates first reflexly and later directly the cardiac motor and accelerator nerve apparatus which increases the frequency and power of the heart's action. It also depresses the vasomotor ganglia and center, thus dilating the peripheral vessels, causing the blood to flow more rapidly through them, and thus supplying the brain with sufficient blood. In the general treatment, cod liver oil was given to increase the nutrition of the heart muscle.

CARICA PAPAYA IN GASTRO-INTESTINAL DISORDERS.—Dr. Woodbury states ("N. Y. Med. Jour.") that experiments by Bonchut, Wurtz, Finckler Rossbach, Roy, Wittmach and Lauder Brunton have shown that the ferment of Carica Papaya has most decided action. This ferment (papoid) is a fine cream-white powder, almost devoid of odor and taste, freely soluble in both water and glycerin, and claimed to be of uniform digestive activity. It acts upon albuminoids, hydrating them and converting them ultimately into peptones. It converts starch with great promptness, the ultimate product being maltose. It emulsifies fats, and has a direct tonic action on the stomach, stimulating the secretion of gastric juice or pepsinogen. Papoid is distinctly antiseptic in its action, and prevents abnormal fermentative processes from taking place in the stomach and intestines. An important point is that it can be given in conjunction with true antiseptics, such as salol, when necessary, without its digestive action being checked; even corrosive sublimate in dilute solutions does not interfere with its digestive powers. It acts at all temperatures, but attains its maximum activity at a temperature of about 130°F. In several important points it differs from pepsin. Papoid acts best in an alkaline solution, but also can work in fluids with an acid or neutral reaction. Pepsin requires an acid solution Papoid is freely soluble, and is most active when

in concentrated form. Pepsin requires free dilution. Herschell points out the greater digestive power possessed by papoid than either pepsin or pancreatin, and states that "it can be used when pepsin is contra-indicated or powerless." Papoid has no action upon living tissues, and is positively innocuous when swallowed in any quantity that is likely to be administered.

It is useful when digestion has been overtaxed, or when the secretion of gastric juice is absent

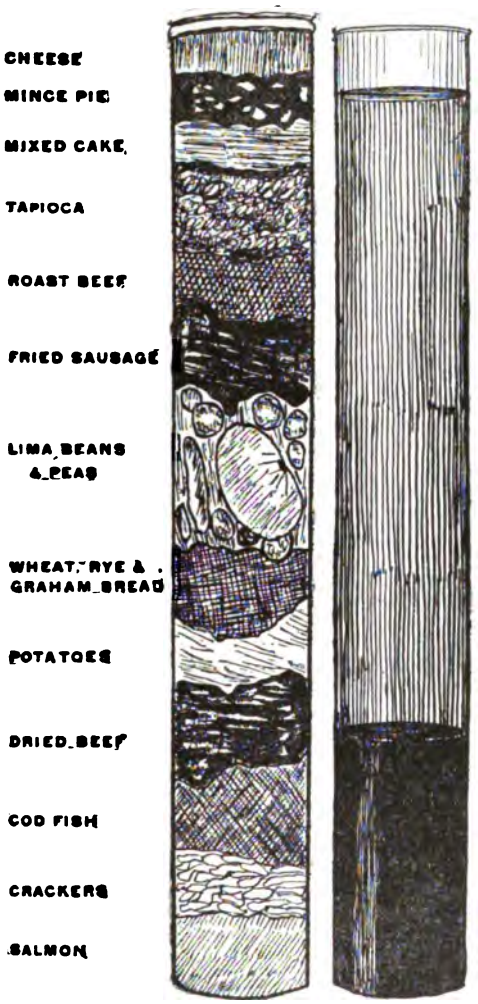


FIG. 1. PAPOID DIGESTION.

or deficient. In one of the experiments portions of the constituents of a hearty dinner of bread, meat, potatoes, peas, mince-pie, and other substantials were placed in a large test-tube and treated with papoid and sodium of bicarbonate and a small amount of water. The result was very satisfactory indeed; the meat rapidly softened and the other ingredients gradually disintegrated, forming a pultaceous mass which finally separated into a grumous sediment and an overlying albuminous, dark colored liquid. Papoid acts in alkaline solutions even better than in acid media, hence it is specially useful where there is indigestion due to deficient secretion of gastric juice or of hydrochloric acid (achlorhydria). Here an alkaline papoid solution favors gastric digestion, both directly and indirectly: First, by digesting albuminates and softening masses of food, and, secondly, by the action of the papoid in stimulating the secretion of the pepsin gland, while the alkali induces the secretion of a more acid gastric juice. Moreover, it retards the fermentation of the undigested masses of food in the stomach and prepares them for intestinal digestion. In fact, in such cases a compressed pill of papoid, sodium bicarbonate and extract nux vomica has given excellent results. Where there is excess of hydrochloric acid, and where the stomach contents poured into the duodenum are so acid that they prevent the action of the trypsin, papoid prevents duodenal indigestion by taking the place of the pancreatic ferment. It is obviously of no use to give pancreatin by the mouth, as it is at once destroyed by the acid of the stomach, and it is practically impossible to administer sufficient alkali to neutralize the excess of acid, and it would stimulate still further acid secretion. Papoid is of the greatest use here, because its activity is not materially affected by contact with acid.

In gastralgia, which often accompanies the condition just named, papoid, with sodium bicarbonate, gives immediate relief. On account of its well marked sedative action, it is also useful in irritable stomach, nausea, and vomiting. In gastric catarrh, and the catarrhal conditions of the intestinal tract popularly known as biliousness, papoid administered in hot water fifteen minutes before meals, or upon rising in the morning, cleanses off the mucus and places the mucous membrane in a good condition for secretion. Constipation, especially in children, is often caused by imperfect digestion. In infants, the fæcal masses consist largely of casein. Here, a digestive agent is the rational remedy. Papoid gives good results in just such cases, even in very young infants. On account of its sedative action, it is very efficient for the relief of colic in infants, as well as persistent vomiting. Its antiseptic action and its ability to digest in the presence of antiseptic agents makes it useful in the treatment of irritative diarrhœa in young children, to whom it may be given in combina-

tion with salol or bismuth salicylate. In apepsia of young children, or in that form of deficiency of the gastric juice in adults due to atrophy of the gastric follicles as the result of chronic catarrhal processes, the glycerin solution of papoid (1 to 20) is especially effective. It is permanent and retains its activity for a long time, whereas watery solutions should be freshly made or they will not keep their digestive power. This may possibly be explained on the ground that in the presence of water, papoid, being an albuminoid body, partly undergoes hydration and digests itself. Furthermore, as already stated, watery solutions of papoid, like other albuminous fluids, are apt to become attacked by bacteria and undergo decomposition after standing for several days. The uses of papoid in treating digestive disorders may be summarized somewhat as follows:

1. In actual or relative deficiency of the gastric juice, or its constituents. (a) Diminished secretion of gastric juice as a whole. Apepsia. Anæmia and deficient blood supply. Wasting diseases. (b) Diminished proportion of pepsin. Atonic dyspepsia. Atrophy of gastric tubules. (c) Diminution of hydrochloric acid. Achlorhydria. Carcinoma. (d) Relative deficiency of gastric juice. Overfeeding.
2. In gastric catarrh. (a) Where there is a tenacious mucus to be removed, thus enabling the food to come in contact with the mucous membrane. (b) Where there is impaired digestion.
3. In excessive secretion of acid. To prevent duodenal dyspepsia.
4. In gastralgia, irritable stomach, nausea or vomiting.
5. In intestinal disorders. (a) In constipation due to indigestion. (b) In diarrhœa, as a sedative. (c) In intestinal worms. (This claim the writer has not personally verified, but as the intestinal mucus which shields the worms is removed by papoid, it is easily understood that their removal would naturally result after its administration.)
6. In infectious disorders of the intestinal tract. (a) Where there is abnormal fermentation; by its antiseptic action, which may be heightened by combination. (b) Where there are foreign substances present, its detergent effect maybe utilized in cleaning out the debris from the intestinal contents by digestion.
7. In infantile indigestion; here papoid not only readily peptonizes cow's milk, but the resulting curds are also soft and flocculent, resembling those of breast milk.

The dose of papoid is one or two grains, but five grains or more may be used, the only objection being that of useless expense and waste, except where very prompt effects are desired, in which case even larger doses of the remedy may be administered. In case of obstruction of the œsophagus by an impacted piece of meat and gristle—such as have been recently reported* —a paste of papoid and water with some soda would produce softening in a very few minutes.

DOUBLE PENIS: ABSENT ANUS.—Dr. J. F. Pratt ("Med. Sum.") of Binghampton, N. Y., reports the following case: A II-para was delivered of a child which above the umbilicus was normal. Encircling that point was an opaque membrane which resembled the peritoneum. It was about two inches in diameter, and terminated rather abruptly in healthy skin. From the right hypochondriac region emerged the transverse colon, and crossed the abdomen externally to the left hypochondriac region, where it entered the abdominal cavity. In the center of the abdomen, and just above the pubic arch, emerged the rectum, which curled up in the direction of the umbilicus, forming nearly one-half of a circle about one and one-half inches in diameter, where it terminated with a circular opening, without a sphincter. There was no trace of an anus; the skin covering the site was perfectly normal and smooth. In either groin was a scrotum and penis. The one on the right side was more fully developed; through it the urine passed. The one on the left was a little smaller, and through the penis, at intervals, blood passed. The thighs sprang from the body at nearly right angles, which was the occasion of the obstruction during labor. From the knees to the ankles the legs passed downwards and inwards nearly to a line drawn through the center of the body. There was double talipes varus and spina bifida. The child lived six days. Although it did not nurse, it swallowed naturally, and was fed at regular intervals; but most of the nourishment passed directly through undigested, and in consequence it died from inanition. The skin around the umbilical region took on healthy granulations, and healed about one-fourth of an inch in the direction of the umbilicus. The portion of the bowels that was external to the abdomen was granular in appearance, and remained unchanged.

CREASOTE IN TUBERCULOSIS.—Dr. A. L. Hall, Fairhaven, N. Y., advises ("Med. Rec.") the use of the following mixture in tuberculosis:

℞	Pure beech creasote	ʒ i
	Fl. ex. gentian	ʒ ii
	Comp. tinct. cardam	ʒ viii
	Alcohol	ʒ xvi
	Simple syrup, q. s. ad	ʒ lxiv

M. S. ʒ i as indicated.

After tolerance is established, the creasote and gentian should be increased.

"CHIMNEY-SWEEP'S cancer," according to the latest researches, is not becoming rarer in England, albeit the trade has practically disappeared.

* MEDICAL STANDARD, Vol. XI.

THILANIN IN THE DERMATOSES.*

BY EDMUND SAALFELD, M. D., BERLIN, GER.

Medicines formerly used have been rejected in consequence of their impurity, notwithstanding a recognized usefulness, like a preparation now almost obsolete: Sulphur balsam (oleum lini sulphuratum) but formerly used in many external ailments. Considering the well-known qualities of sulphur, the preparation of some chemical compound with the useful qualities of the old remedy, but without its disadvantages, was desirable. To combine, as in the oleum lini sulphuratum, the efficacy of the sulphur with a non-irritant neutral fat was of paramount importance. Such a compound has been obtained by the reaction of sulphur upon lanolin. In this substance, thilanin, it is yet uncertain in which way the sulphur has combined, there being two possibilities: it may have combined with the cholesterin or with the fatty acids. But although this question is undecided, this substance is, according to the mode of preparation, as published, a true composition containing three per cent of sulphur. It is of salve-like consistency, as ordinary lanolin of a brownish color, and its peculiar odor at once suggests the idea that sulphur is one of its constituents. Its use is indicated in the dermatoses, in which the thilanin is substituted for an indifferent ointment, which would at once facilitate a cure. This remedy is intended to replace the commonly used ung. Hebræ, to which it is vastly superior.

Thilanin applied to a number of patients suffering with eczema of various types and stages never produced any irritating effect. In three cases of acute eczema of the face, and one of eczema of the fingers, complete cure resulted in a few days. In a strongly infiltrated eczema of the face of an old woman, marked improvement, but no complete cure, resulted. In a subacute dry eczema of the face a cure was effected within a short time, as well as in three cases of chronic eczema; two cases of scaly eczema of the thigh, and one case of recurring ezcema, of the papulo-vesicular type, of the hands, while two other cases of chronic eczema of the thigh are still under treatment and much improved (both cured, according to later information). Two cases of eczema rhagidiforme scroti et penis, and crustosum et rhagidiforme scroti were completely cured by thilanin; the result is here the more remarkable, as these cases are frequently complicated with intolerable itching, and very obstinate against all therapeutic remedies; therefore an indifferent treatment frequently has no effect, and an energetic therapy very often makes the evil worse by irritation. In one case of dry eczema of the face the improvement was such that a permanent cure is expected.

In three cases of herpes-zoster the secretions were dried-up, and in a very short time removed by thilanin, the itching irritation was mitigated, and the disease was entirely cured. In some cases of sycosis vulgaris the beneficial influence of thilanin was likewise observed—especially in a case of sycosis of the upper lip, which had defied various other remedies. The continuous use of thilanin (during the night time only) effected a cure for a time, which certainly was not spontaneous, but must be considered as the result of using the remedy. But thilanin was not assumed to be an absolute cure for sycosis vulgaris, as the recurrence afterwards proves, but the remedy deserves in this disease the preference over others, as its effect is non-irritating and without disagreeable secondary effects. At the same time it mitigates the irritation produced by other more energetic remedies.

Thilanin proves to be, according to my experience, a useful remedy in dermato-therapeutics. Its advantages over the various officinal indifferent remedies are, that its effect is more energetic, i. e., that it is absolutely non-irritating and that therefore it may be applied without danger in all cases, where we were forced heretofore to use different remedies, with which the desired result could not be obtained, and often very disagreeble effects were observed. In a large number of cases of skin disease, the itching sensation was reduced by using this remedy. The use of undiluted thilanin on the hair-covered parts of the scalp seemed to be contra-indicated.

The objections might be raised that I mentioned no control experiments, and, therefore, had no right to speak of better results obtained by thilanin than by other remedies. Previous to the use of thilanin, however, other similar remedies had been employed in cases

*Read before the "Dermatological Society" at Leipzig.

without effecting a cure as quickly as by the use of thilanin, and that frequently a quick cure was obtained by using it, which we had vainly expected from other ointments. On the other hand, it is hardly possible to use in the treatment of eczema two different remedies at the same time, for the sake of controlling experiments, as it is exceedingly difficult to find efflorescences which are entirely equal in any regard, as might be the case in other skin diseases, such as psoriasis. The good results—arrived at by the employment of thilanin—could not be obtained by the use of an ordinary ointment mixed with three per cent of sulphur. Such a compound, instead of effecting a cure, only caused annoying irritation. Lately I have employed thilanin mixed with liquids, such as oils, and solutions of certain medicaments in water; but the number of experiments is as yet too insufficient to admit of any safe conclusion. The pure undiluted thilanin is hence to be recommended.

MASTURBATOR'S GENITALIA.—Dr. C. E. Warren, of Boston (St. Louis "Med. et Surg. Jour.") states that the only manifest signs of masturbation are the physical ones appearing locally. In the male the penis is long and wrinkled in a state of repose. The gland is enlarged and club shaped. The scrotum is flaccid and pendant, with the perineum and pubes constantly moist. In the child there is an abnormal development of the genitals, the penis being abnormally large and the prepuce retracted. In the female the genital alterations vary with the masturbator's method. Manual excitation of the clitoris determines an enlargement and elongation of that organ to double its size. The extremity is enlarged, reddened and turgescent. It is more than normally prominent and extends beyond the prepuce, which is relaxed, elongated, soft, wrinkled and thickened. The lesser lips, especially in subjects who have practiced the habit from an early age, are elongated, even protruding beyond the greater lips, and are flaccid, pendant wrinkled and of exaggerated triangular form. The normal rosy hue is changed to a brown shade or grayish slate tint. The free borders, and even the external surface, may be dotted with dark spots, while the inner face is spotted with yellowish white dots, the result of gland hypertrophy. Martineau insists that these indicate an inflammation dating from infancy, and very likely the result of prurigo, causing a habit in the child which has been perpetuated and become inveterate in the adult The labia majora also appear flaccid and wrinkled. The meatus gapes open and is enlarged and reddened. The hymen is ruptured, or at least stretched, while the vaginal sphincter and muscles of the walls are relaxed to such an extent that the vaginal touch is easily performed. This relaxation may be so great as to allow coitus without rupture of the hymen. In masturbation by swaying the pelvis up and down and friction in consequence of the inner aspect of the thighs and pressure upon and titillation of the genitals the prepuce is not as greatly over developed as by manual abuse. It is not elongated or wrinkled. The gland is prominent but rather flatttened from side to side, and not elongated. It is turgescent and of a violet hue. The lesser lips are not so greatly over developed or as voluminous as in manual abuse, a fact easily explained when it is remembered that manual abuse begins as a rule at an early age, when the organs are developing, so that constant handling enlarges the lips as the result of continued turgescence. It is, however, not uncommon to find that friction of the thighs has been taken up after manual abuse, so that a combined group of signs may appear characteristic of each and yet modified by both. In abuse by mouth suction of the clitoris the organ is greatly enlarged and elongated, wrinkled and flaccid in repose, turgescent, very prominent, and in part uncovered, even projecting beyond the labia. The prepuce is voluminous and completely detached from the gland, its free border being turned up like the edge of a cask. It is also thickened and of more than normal firmness. The roots formed by the doubling of the anterior margin of the lesser lips are very prominent and firm. The gland is in almost constant erection, and is of an intense red or violet hue. The general aspect is that of abuse by friction of the thighs, but it is differentiated by the absence of any marked labial deformities. Dr. J. Lee Macomas has called attention to another form of abuse characterized by elongation of a labium minorum, the result of abuse by pulling puon this lip with the fingers, the right lip being thus deformed in right-handed girls and vice versa. The cases comprised a colony of girls, all chlorotic and neurasthenic. After ineffectual treatment of these blind cases he surmised the cause, and obtained a confession from one of the girls, and by examination of others confirmed the diagnosis. Many of the changes described by Dr. Warren are, however, found in other states than masturbation.

LUNG-COLON GUNSHOT WOUND.

BY W. T. DULANEY, M. D., LOUISVILLE.

Last fall a young man, conductor on a freight train, in Virginia, was shot by a tramp. I saw the patient about six weeks afterward and found the ball had entered at about the seventh intercostal space in front; there was general dullness all over the left side of the chest; he had no bloody expectoration and no cough, nor had there been any, but there was a little bulging at about the tenth rib behind. After consultation with the attending physician, Dr. Butler, I decided to make an incision there and when I reached the cavity, there was a gush of fetid pus, and serum, about two pints. Upon enlarging the incision it was found that the tenth rib had been broken by the ball passing through it, about two inches from the spinal column. While examining the wound as the pus and serum came out, the hole suddenly became plugged with a substance which looked like dead cellular tissue, or lung. I pulled out quite a quantity of most offensive material. It looked to me very much like dead lung tissue. About a double handful of it was removed.

The ball was found just outside the rib deep under the muscles of the back. The patient in the meantime had considerable fever. The wound was thoroughly washed out and the patient put to bed. In a day or two, in giving him an enema, I was greatly surprised to see the water come out at the opening in the back. I had some doubt about this being the water used in the enema, so I used some colored water which also came out through the hole. The fever went down and the patient slowly recovered. He had fæcal discharges from the opening for two or three months, and especially if they were fluid. The opening finally healed, and the man recovered, though with impaired strength and diminished capacity. The material removed may have been the result of hæmorrhage at the time the shot was received; it was a speckled mass looking like cells of the lung, in fact it looked like dead lung tissue. The hole was plugged up completely and I kept pulling out piece after piece of the offensive material, and, when we found the fistula, I did not know what was going to become of it. When the fæcal discharges were a little thin or fluid, it would just pour out of the hole. It was probably the result of some inflammatory adhesions of the transverse colon to the diaphragm, which sloughed through.

*Louisville Clin. Soc. Trans. Cond.

SALICYLIC ACID IN EXUDATIVE PLEURITIS.—Dr. Köster ("Lancet Clinic") has used the salicylates with success in serous, non-purulent pleuritis. Soda salicylate was given in doses of twenty-two grains three times a day for adults. Thirty-two cases were treated in all, of which twenty-seven were purely serous pleuritis, in which no tuberculous symptoms were to be discovered, and five were secondary pleuritis. In seventeen out of the twenty-seven a distinctly favorable action was obtained. These cases not only include small and moderately large exudates, but also those where the entire one side of the thorax was dull on percussion and where the respiratory murmur was either exquisitely bronchial or had disappeared entirely. Not only were recent cases included, but also those of several weeks' standing. In patients with fever this disappeared very quickly. Soon after beginning treatment the exudate would commence to decrease in size, and continue to diminish until all the signs of the pleural effusion were gone. After two to four days quite a decrease in the exudate would be noticed, and, in the majority of cases, it had completely disappeared in from five to seven days. The urine would also increase in quantity. Why the other ten cases were uninfluenced was not to be explained. It could not be assumed that they were latent and tuberculous, as several cases with partly hæmorrhagic exudate and pronounced pulmonary changes were cured by this treatment. In one case a serous effusion into the peritoneal cavity was favorably influenced.

DYSPNŒA OF ADVANCED BRIGHT'S DISEASE, Dr. Steele ("Birmingham Med. Rev.") states, is due not to toxæmia but to heart failure. He advises digitalis, caffeine citrate, or strychnine. The nitrites often disappoint the physician. Morphine cautiously used is of value, especially when combined with atropine.

RACE AND EYE DISORDERS.—According to Dr. C. W. Kollock, of Charleston, S. C. ("Med. Rec.") ulcerative keratitis is common in the negro but trachoma is rare. Cataract is as common as in the white, and so is glaucoma.

ARISTOL IN GYNÆCOLOGY.*

BY C. D. PALMER, M. D. CINCINNATI.

Aristol adheres very readily to the skin or surfaces of wounds and burns. While similar in its general specific action to iodoform, it has the valuable property of forming an absolutely unirritant covering over surfaces upon which it is placed, under which the processes of granulation and cicatrization proceed with extraordinary rapidity. Not absorbed it has no toxic effect. It possesses stimulating, alterative and anæsthetic properties.

I shall not speak of its therapeutic powers in the dermatoses, except to mention that these diseases do not infrequently affect the external female genitals. Ulcerations of various kinds, varicose, epitheliomatous, or carcinomatous, syphilitic, etc., are especially influenced favorably by it. I use aristol in pure form, applied by insufflation, except when placed in narrow canals, like the female urethra, or in the bladder or uterus. With the rectum it can be utilized, as within the vagina, by insufflation or by suppositories. It becomes an admirable dry dressing in cases of chronic vaginitis, vulvar pruritus, cervical endometritis, cervical erosions and fissures, mammary fissures and syphilis primary and secondary. It has been my habit for years in all cases of operations for trachelo-plasty, colporrhaphy and perineorrhaphy, as well as for vesico- and recto-vaginal fistulæ, to dust some iodoform powder or to apply a dry tampon of carbolated gauze after the operation; now I consider the aristol application as superior. I am well satisfied that aristol powder applied over the sutured abdominal walls in all cases of ovariotomy, and after all abdominal sections, is much better than any wet dressings, or any dry dressings with iodoform. Crayons of aristol may likewise be profitably utilized in certain cases of general endometritis, and after curettings of the uterine cavity. Probably the dry dressings of aristol, with absorbent cotton or wool, are quite useful in some cases of chronic pelvic cellulitis and pelvic peritonitis, attended or not with pelvic abscesses. For the after dressing of vaginal hysterectomy, it is the remedy as well as after mammary amputation. Aristol gauze can be made by impregnating plain gauze with an ethereal solution of aristol, containing from one to two grams of aristol per yard. Crayons for the urethra or uterus can be prepared by using at least one gram mixed with sufficient gelatin or gum acacia.

Aristol has proved itself one of the best remedies we possess for varicose ulcerations. It will not cure the varicosities, but it rapidly heals the varicose ulcerations resulting from these. I have made applications as suggested by Dr. Marcus, applying freely the dry powdered aristol twice daily, and adjusting over this application a pad of absorbent cotton, retained by a well-fitting bandage.

*Cincinnati Academy of Medicine Trans. Cond.

VAGINAL HÆMORRHAGE IN THE NEW BORN.—Dr. Eröss reports ("St. Louis Med. and Surg. Jour.") six cases of genital hæmorrhage in newborn female children. In two cases the "show" began on the third, and in four on the fourth day; and in one, five days. One case died. The infant was premature, and sank from debility. The endometrium was dark colored and loosened from its connections. On its surface were two bean-sized hæmorrhagic foci. The serous coat was very vascular at the fundus. The cervical mucosa was pale, the vaginal mucous membrane swollen and deeply injected. Clots mixed with mucus lay in the vagina and uterine cavity. Eröss attributed the hæmorrhage to acute catarrh of the mucous membrane of the genital tract. All the five children were born well developed and there was in no case any history of septicæmia, syphilis, hæmophilia, or Winckel's disease. The five survivors were discharged on the eighth day, and there was no opportunity of judging if the "show" represented menstruation.

MERCURIAL TENON-CAPSULITIS.—Dr. C. J. Kipp, of Newark, N. J., reports ("Med. Rec.") a case of recurrent bilateral inflammation of Tenons capsule from hydrargyrism. The patient was employed in an electric lamp factory where mercury was used. Abandonment of his occupation resulted in disappearance of the capsulitis.

IODINE INTRA-UTERINE INJECTIONS.—Dr. Gördes ("Centrlb. f. Gyn." No. 251892) reports a case in which, seven days after curetting, he injected tr. iodine into the uterus to arrest hæmorrhage. Great epigastric pain immediately resulted, followed by tetaniform convulsions and collapse. The patient finally recovered.

UMBILICAL HERNIA.*

BY T. H. MANLEY, M. D., NEW YORK.

It has never been my experience to observe an inguinal or femoral hernia to result after labor. Umbilical hernia is found nearly always in the female, and mostly after labor. I recently met with, however, a case in a man where the hernia, situated just above the umbilicus, was said to have existed twenty years. Recently he had colicky pains, and, two weeks ago, symptoms of strangulation. The tumor increased in size, and vomiting and constipation ensued; but the vomited material did not become stercoraceous. Under the hypodermics of morphia and hot applications the symptoms subsided without operation.

During the past year I was called to see a woman, sixty-five or seventy years of age, who was being treated by her physician for gastralgia. The vomiting took on a stercoraceous character, and when I saw her she was in collapse. On examination an incarcerated umbilical hernia was found. The condition of the patient did not admit of operation, and a few hours later she died.

A woman recently came under my care at the Harlem Hospital suffering from umbilical hernia which, she stated, followed the birth of her sixth child. The tumor had gradually grown in size, and frequently gave symptoms of strangulation. Her physician had treated her with mild saline purgatives, with temporary relief, but the attacks became so frequent and painful that she desired operation. This case illustrated the fact that the hernial mass in the umbilical variety has no peritoneal covering, being covered by cellular tissue only. After cutting through the stretched and thinned integument, the gut and omentum were found in a pouch between the aponeurotic membrane and integument. The adhesions where very intimate. The stump of the omentum dropped into the abdominal cavity by the slipping off of the ligature, and a large amount of blood was lost. The incision was extended when three large blood-vessels were found requiring ligatures. These were easily secured. A favorable result followed the operation.

PARASITIC FŒTUS.—Leon ("Arch. de Toc.") reports the case of a three-year-old Mexican girl who had on the left gluteal region well-marked portions of a fœtal face, consisting of the left upper and lower eyelids with eyelashes and eyebrows, an upper lip perfectly covering a part of a rudimentary upper jaw furnished with three or four well-developed incisor teeth, a small buccal cavity with a rudimentary tongue and some fluid secretion. When the eyelids were separated a red surface analogous to the conjunctiva was revealed. Near the groove, between the buttocks, was a row of silky hairs, and quite close to the base of implantation of the upper lip was a small superficial opening.

SALOPHENE is ("Med. and Surg. Rep.") obtained by treating para-nitrophenol with salicylic acid, reducing the nitrophenol by means of zinc and hydrochloric acid into an amide, and acting upon this with acetic acid. Salophene contains about 50 per cent of salicylic acid, and occurs in the form of thin scales, tasteless, inodorous, and with a neutral reaction. It is scarcely soluble in cold water, and only slightly so in warm. Upon the addition, however, of an alkali it readily dissolves. It is very soluble in alcohol and ether. It burns with a smoky flame, leaving no residue. In the stomach salophene breaks up into salicylic acid and acetyl para-amidophenol. These substances are excreted by the kidney, and can be found in the urine. Salophene, owing to the presence of amido-phenol, is less poisonous than salol. According to Guttmann, it is a valuable remedy in articular rheumatism, given in doses of from four to six grammes a day in pill or in the form of compressed tablets.

CATALEPTOID SYMPTOMS FROM FÆCAL RETENTION.—Dr. C. G. Stockton, of Buffalo, reports ("Med. and Surg. Rep.") the case of a neuropathic twelve-year-old boy in whom cataleptoid symptoms were produced by fæcal retention. The symptoms disappeared when the bowels were cleared and milk of asafœtida given in half-pint doses (divided) daily.

SPERMINE AND PIPERAZIDINE are not identical, according to Dr. Poehl ("Mercred. Med.") Spermine promotes tissue change and increases oxidation. It is found in the pancreas, thyroid, ovaries and testicles. Injected as a chlorhydrate it produces toxicity and stimulation.

*Harlem Med. Assoc. Trans. Cond.

EXPERIENCES WITH KLEBS' TUBERCULOCIDIN.

BY GEO. W. RACHEL, M. D., NEW YORK.

INSTRUCTOR IN DISEASES OF CHILDREN AT THE NEW YORK POLICLINIC; SUPERVISING PHYSICIAN AT ST. MARK'S HOSPITAL; PHYSICIAN TO THE GERMAN POLIKLINIK, NEW YORK.

The history of Koch's tuberculin is so well known to all that it seems unnecessary to recapitulate the various phases of this sad disappointment. Like a meteor it made its appearance on the firmament of medicine, and, after illuminating it with weird brilliancy for a short time, it faded away into darkness. But as a meteor often leaves a long train of glowing sparks that enables the astronomer to determine its course and to calculate the direction in which it travels, so the luminous trail which the meteor aforementioned left behind has pointed out to the medical profession the right path and the direction to seek for further advancement in this most important matter.

We will not dwell upon Liebreich's method of injections of potassa cantharidate (which possesses only one property similar to that of tuberculin; that of producing local inflammation) but will immediately proceed to review the labors of those investigators who have experimented with Koch's tuberculin and tried to modify it.

William Hunter* was the first to publish his studies about the composition of this substance. He succeeded in isolating the various chemical bodies contained in tuberculin and determined the different effects produced by them experimentally. His results in short are that there are four groups of different organic substances which seem to act collectively in the most complex manner to produce the principal effects of Koch's lymph. Aside from the inorganic salts and the solvent (glycerin) the following four groups were isolated by Hunter: 1. Albumoses. 2. Alkaloids. 3. Extractive matter. 4. Mucin.

A fact most important from a clinical standpoint is that the real curative effect—which Hunter positively affirms tuberculin does possess—is in no way due to those substances which cause fever, produce inflammation and are responsible for various other disagreeable, even dangerous, symptoms. The particular substance, to which Hunter ascribes a specific curative action, is an albumose, which, according to his view, is derived from the plasma of the tubercle-bacilli and is not a product of the inflammation arising from the presence of the bacilli in the tissues.

It would certainly lead too far to go further into the details of the investigations which Hunter, in company with Cheyne, has pursued in this respect. Suffice it to say that the observations of the effects which their various preparations had on a number of cases of lupus enabled the English investigators to follow distinctly the various changes produced in the tissues.

The favorable reports which have been published in England as well as in America* about the action of Hunter's modifications, seem to confirm the view that this is work in the right direction; it is this path that will lead us to the coveted goal to utilize Koch's discovery for the benefit of suffering humanity.

In a similar way and proceeding on the same principles, Professor E. Klebs has isolated the real active or rather effective agent of the tuberculin. He prepares his tuberculocidin from tuberculin out of Libbertz' laboratory by precipitating the alkaloids and extracting it with water. The name of tuberculocidin has been selected by him because he has convinced himself by numerous and ingeniously devised experiments on animals of the fact that this substance has the property of killing the tubercle bacilli.**

Last spring, Klebs† gave the results which had been obtained with tuberculocidin in the treatment of seventy-five cases of pulmonary tuberculosis. They are as follows:

Completely cured.....	14 cases	—18.6	per cent.
Improved.....	45 "	—60.0	"
Not improved.....	14 "	—18.6	"
Died.....	2 "	— 2 6	"
	75 "	100	"

Although this is not a very large series of observations, the results are certainly most encouraging, especially in view of the well-known unreliability of our best modes of treatment in this dread disease.

Klebs has, since the publication of those seventy-five cases, collected another series‡ of

*British Med. Journ., July 1891.

*Kinnicutt, "Medical Record," May 21, 1892.

**"Deutsche med. Wochschr." No. 45, 1891.

†Behandlung der Tuberkulose mit Tuberculocidin, Leopold Voss, Hamburg, 1892.

‡A reprint from the transactions of the congress Prof. Klebs kindly sent to me.

fifty-five cases, so that in a paper read before the 1892 "Congress für innere Medizin" at Leipsic, he gave the results of 130 cases, of which forty-three had been treated by himself and eighty-seven by other observers, who had reported to him regularly up to the date of the congress. These are the results:

Completely or nearly cured	14 cases	—10.8	per cent.
Considerably improved....	59 "	—45.4	"
Somewhat improved.....	34 "	—26.1	"
Not improved.....	23 "	—17.7	"
	130 "	—100	"

Under the last head the cases which died are, of course, included.

The number of cases treated by me is not a very large one—nine all told. Of these six were accorded hospital treatment, at least primarily, while the other three were treated as outdoor, or office, patients.

Case I. J. A., age 36, driver, had been admitted to St. Mark's on August 1st, 1891. Had had a cough for seven weeks; yellowish expectoration, night sweats, loss of weight. On admission T. 101.8°, P. 104, weight 143 pounds. Our assistant pathologist, Dr. Geo. Lindenmeyr, found characteristic tubercle bacilli in his sputa. On examination both apices were found greatly involved. He was treated with guaiacol and improved remarkably, so much so that I remarked to the house physicians, more than once, that if we had treated A. with tuberculin we would certainly ascribe his improvement to it. The climax was reached in December. Very little cough, hardly any night sweats; weight 148 pounds; pulse and temperature normal. In January, without any visible or intelligible cause, there was a complete change of scene. The temperature, which had been below 100° for many weeks, showed considerable daily exacerbations, sometimes going up to 103°; night sweats returned, cough and expectoration increased, and on the left apex anteriorly the lung-tissue broke down rapidly, so that a cavern could be detected by the middle of January.

On January 29 the injections of tuberculocidin were begun with, beginning with five milligrams, slowly increasing the amount of the dose to 150 milligrams. During the first part of March 200 milligrams were injected daily, then 250 milligrams. In April 300 milligrams three to four times a week; in May 400 milligrams as frequently and during the latter part of that month 500 milligrams four times a week. The whole quantity of tuberculocidin used, up to May 27, when the injections were discontinued, was over seventeen grams (nearly five drachms).

As the administration of the tuberculocidin did not have any visible influence, the tubercular process advancing slowly but constantly, the evening temperatures ranging from 103° to 105°, the injections were abandoned after four months faithful and conscientious trial.

It should be mentioned here that this patient —as well as most of the others, in fact—stated that on the days when an injection was given night-sweats were either entirely absent or hardly noticeable.

Case II. C. J., 24 years, cloak-cutter. This patient was seen by me in consultation with Dr. A. Brothers on January 30. At my suggestion he was admitted to St. Mark's Hospital on February 5. There was a history of fever, cough, expectoration and night-sweats since about two months. On examination the left side was found to be almost normal, while on the right side there was an infiltration implicating the whole upper half of the lung. There were tubercle bacilli found in the sputum. T. 103°, P. 126, W. 128 pounds.

In this case, also, the injection of tuberculocidin in increasing doses could not arrest the progress of the disease. It is true the night sweats were greatly reduced in the beginning, but cough and expectoration were influenced very little. The maximum amount of 500 milligrams was reached on March 22d, and was then injected every other day up to May 20th, the whole quantity of tuberculocidin used amounting to more than fifteen grams.

As the disease progressed constantly, however, the left lung becoming also involved, the temperature frequently going up to 105°, and the tubercle bacilli showing no decrease in nnmbers and no change in form, the injections were discontinued. Dr. A. L. Loomis saw the case in consultation with me shortly afterwards, and his opinion, too, was that the case was hopeless.

Case III. J. M., 35 years, compositor, was admitted to St. Mark's Hospital on February 8. T. 100.5°, P. 94, weight 133 pounds. For three years patient had suffered from an infiltration of the left apex; in 1891 he had been in Dr. Meuer's "Koch Sanitarium" at Denver City, Colo, and had been given injections of Koch's tuberculin during his first residence. There had been no reaction observed in the beginning until the dose was increased above five milligrams. After this he could not bear the injections very well, so that even two milligrams would cause a decided reaction. The injections being, therefore, discontinued, he improved greatly while being out-doors in the dry air of that section constantly; he gained about six pounds.

On examination there was found an infiltration involving the right apex anteriorly and posteriorly, while on the left side slight dulness and some bronchial breathing was present anteriorly only. The sputum was only slightly tinged yellowish; tubercle bacilli present.

He received injections of tuberculocidin in slowly increasing doses until 200 milligrams were reached; the latter amount he received for five consecutive days. The night-sweats ceased after the fifth injection and both cough as well as expectoration decreased markedly. Unhappily, however, the patient left the hospital on March 9th clandestinely, on account of family difficulties, as he intimated in a letter to me.

I succeeded in having him hunted up after several months. He stated that he was very sorry he could not have continued the tuberculocidin treatment which had greatly benefited him. He had been able to work at his trade for from one-half to two-thirds of his time, a feat which he had been unable to perform during the last three years for any length of time.

His weight, which had fallen to 131 pounds, increased during the month he stayed in the hospital to 139 pounds. Cough and expectoration very inconsiderable, night-sweats very infrequent. His left lung was found to be normal, while there was a slight implication of the right apex present yet.

Patient promised to submit again to treatment as an outdoor patient, but failed to show up. According to last reports he was forced to leave the city for some reason.

Case IV. F. W., 26 years, carpenter, was admitted March 29th. Here also the tuberculocidin treatment had to be discontinued after one month's administration, because on April 28th the patient developed a nephritis which soon terminated fatally. No tubercle bacilli could be found in the urine, although they were present in the sputa in considerable quantity. No autopsy.

Case V. H. E., 24 years, clothing cutter, was admitted May 2d.

His disease, he thinks, is due to a cold which he caught in the spring of 1891. He had been under Dr. Lilienthal's and my treatment during the fall and winter. After having somewhat improved, he was able to work again, but during March and April cough and expectoration increased and night-sweats supervened. Pain in the chest and dyspnœa are also complained of. T. 100°, P. 96, W. 130 pounds.

Both apices show signs of infiltration, but only anteriorly; posteriorly all sounds are normal. On the right side there is bronchial breathing above and below the clavicle, on the left only increased expiratory sound and numerous fine râles. Tubercle bacilli were found in the sputa by Dr. Lindenmeyr.

Tuberculocidin was injected and the dose quickly increased from 25 milligrams to 500 milligrams which dose he received daily from May 16th to June 4th, then every other day; fourteen grams being employed altogether.

By the end of May he was able to work half a day, while in the afternoon he went to the park. Since Klebs advises the discontinuance of the treatment for at least a month in cases which evince decided improvement, I allowed this patient to go to the country for a month.

The local symptoms had improved most decidedly, especially on the left side; somewhat increased respiratory sounds was all that was left. On the right side slight dullness down to the fifth rib, no more bronchial breathing, very few fine râles. In his case, also, the night-sweats were very favorably influenced by the tuberculocidin. His appetite and general condition are excellent. His weight has increased seven pounds—138 pounds.

The sputa were occasionally slightly tinged with blood. Tubercle-bacilli much less in number and partly disintegrated.

Case VI. N. S., 27 years, sewing-machine operator, was admitted to St. Mark's on May 5. This patient had received Koch's treatment last year. He had been coughing since the fall of 1889, occasionally expectorating some blood. On April 2, 1891, he had entered our hospital, and, after three weeks' treatment with tuberculin, he improved remarkably; so that he had resumed work again, and felt well until last winter, when cough and expectoration returned. He had coughed up blood once only, however.

On examination dullness is found over the right apex down to the fifth rib posteriorly and anteriorly; auscultation unsatisfactory, no decided deviation from the normal, only a little rougher respiratory sounds; on the left side very slight dullness anteriorly, somewhat increased vocal fremitus and resonance, very moderately sharp breathing. T. 100°, P. 90, W. 128 pounds. Tubercule bacilli in the sputa.

On May 5 injections were begun and quickly increased to 500 milligrams, which maximum dose was reached by May 15, and first given daily and after May 20 every other day.

The local symptoms as well as the general condition improved rapidly in this patient, so that since the beginning of June he is able to do light work, sewing by hand now, instead of by machine. He had sometimes seen streaks of blood in his sputa during the first weeks of treatment which fact seems to show that tuberculocidin causes some hyperæmia in addition to its tubercle-bacillicide property. The agents which cause inflammation and which Hunter's modification-B. contains, must be partly present in tuberculocidin.

Patient went on a vacation in June; during July he presented himself occasionally to get an injection. The local symptoms were almost normal. Weight 134 pounds. Whole quantity of tuberculocidin used, about ten and a half grams.

Of the three other cases which I have treated with tuberculocidin, I do not wish to speak now, as they are under treatment yet. But in two of them the result will be at least as favorable as in three of the cases given in detail, viz.: Cases II, V and VI.

The great advantage of the tuberculocidin over the lymph is to be found in its comparative harmlessness even in large doses. There never was any reaction observed, and, with the exception of a slight tendency to bloody sputa, no untoward symptom was ever noticed. It is to be hoped that this mode of treatment may find more favor with physicians, here and abroad, as only a large number of cases recorded will give us reliable and indubitable statistics.

Editorial.

PHARMACY was one of the earliest evolutions from medicine, perhaps preceding even surgery. As, at one time, the surgeons were united with the barbers, so the pharmacists were united with the grocers and both carried on a warfare against the physicians, who at one time aided the barbers against the surgeons and the grocers against the pharmacists. The surgeons, however, soon returned into the body of the medical profession and from time to time the same tendencies were noticeable in pharmacy. As late as the early part of the nineteenth century there were (and there are still) in England, physicians in towns who practice pharmacy. The result of such attempts to practice medicine alone, appear in the following vivid picture of the phases of medical evolution painted by "George Eliot" in "Middlemarch" in describing Lydgate, a new practitioner settled in Middlemarch:

"One of the facts quickly rumored was that Lydgate did not dispense drugs. This was offensive both to the physicians whose exclusive distinction seemed infringed on and the surgeon-apothecaries with whom he ranged himself, and only a little while before they might have been counted on having a law on their side against a man who, without calling himself a London-made M. D., dared to ask for pay except as a charge on drugs. But Lydgate had not been experienced enough to foresee that his new course would be objectionable even to the laity, . . . he was injudicious enough to give a hasty popular explanation of his reasons, pointing out . . . that it must lower the character of practitioners and be a constant injury to the public if their only mode of getting paid for their work was by their making out long bills for draughts, boluses and mixtures. 'It is in this way,' said Lydgate, 'that hard-working medical men may come to be as mischievous as quacks. To get their own bread they must overdose the queen's lieges.'"

There has been for some years a growing tendency among physicians to dispense their medicines. This has arisen in part from the success of the homœopathists in this particular, in part from the counter-prescribing of pharmacists, in part from the results of hypodermatic medication and the resultant use of alkaloids. That there is a strong medical current in this direction is undeniable. On the other hand, there is evident an equally strong and growing opposition to it. Dr. Koenig, in a paper read before the Allegheny County (Pa.) Medical Society, said that the following conclusions were warranted by the demands of scientific medication:

All medicines should be prepared and dispensed by chemically skilled, licensed pharmacists. All mineral products should be in absolute purity, and all drugs of vegetable origin, with marked medicinal action, should be exhausted of their active constituents, and these administered in either their isolated condition or in assayed solutions or triturations. Pharmacopœial requirements and tests for the purity of drugs should receive legal support, and in case of perishable substances there should be a period, fixed by law, after which such drugs should no longer be dispensed. Any drug possessing marked medicinal action, offered for sale by a pharmacist, should be subject to examination by government chemists, and adulteration or other defective conditions should render the vender amenable to the law, as partly contemplated by the provisions of the Paddock pure food and drug bill. To protect the public from unscrupulous and designing practitioners physicians should be prohibited by law, as is the case in certain European countries, from dispensing medicines, except in cases of emergency and in localities remote from medicinal supplies. Substances possessing curative properties should be free and unprotected by letters patent, trademark, or proprietorship; on the other hand the government should foster investigations and reward discoveries of valuable curative drugs.

THE statement is made on excellent authority that the decidedly arbitrary action of the judicial council in the case of Dr. W. W. Potter was due not so much to ethical "fakes" by the "fathers" of the Association as to Dr. Potter's determined efforts to introduce business methods into the management of the "Journal." The present editor, it appears, has been paid at the rate of $7,000 per annum, for the first six months; no vouchers for editorial services were obtainable for that period. Dr. Potter objected to such business methods, whence the outcry against his "ethics." It is clearly the old story of the wolf accusing the sheep of muddying the stream. As a result of the intrigue of the Detroit "perchloride of iron syrup" proprietary remedy men, the "proprietary" resolution will land the "Journal" into a deficit of at least $6,000 at the end of the year. The entire responsibility for these financial blunders rests upon the Association and its "fathers." The trustees have clearly done their duty.

THE Lowell (Mass.) "Times" draws the following excellent hygienic moral from the Mitchell-Ward homicide:

The testimony given at the trial points to an abnormal development of the two girls' emotions. Whether or not the state will be able to show another cause for the crime, sufficient evidence has been submitted to prove that the girls were suffering from an unnatural excitement of the emotional nature. The springs of their womanhood were poisoned at the source, and all those sentiments and affections which should be sweet and pure and sacred were turned into streams of putrescence and contagion. The reports of the trial all point to a fact recognized by intelligent educators, but too

much overlooked by parents and guardians, that there is danger in the excessive sentimentality of girlish friendships. There is hardly a girls' school n the country where this danger is not apparent in the intense fancies, morbid jealousies, and petty tyrannies of girl lovers. It is seldom that these romantic affinities reach so tragic an end as in the Memphis murder, but many a girl's school days have been embittered and her emotions vitiated by a sentimental love affair with another girl. It is one of the most encouraging signs of modern education that it is recognizing the needs of the highly excitable nervous and emotional natures ot girls. No system that aims to make strong and womanly women can neglect the fancies and sentiments of romantic girlhood. The hothouse training and the limited physical activity formerly adjudged proper for feminine humanity directly fostered the development of abnormal tastes and interests. The girl with her bicycle and tennis clubs, her college studies, her professional or business life, her intelligent and skillful management of domestic duties, her broad outlook on the necessities and the beauties of the world, has little time to indulge in morbid fancies, and thus escapes a danger that threatens her less symmetrically developed sister.

The case emphasizes the lesson of "Miss Giraud: My Wife," which Belot was so much abused for teaching. The testimony in this case was in the main certainly not guided by modern research. The legal finding of insanity at the time of trial secures the protection of society as it does not protect the accused from future trial.

IRATE, at the seeming supremacy of Boston in medico-literary researches, a Chicago classical scholar sends the following from Aristophanes ("Plutus") anent the "musical anus" question:

Chremyle. I have much reflected on the question. 'Tis best that Plutus sleep in the temple of Æsculapius.
Chremyle's spouse; So the God came not.
Chremyle. He did not tarry. When near us—a laughable comedy—my belly swollen like a wind-puffed bladder sonorously sounded most melodiously.

THE New York "News" thus cleverly satirizes a current epidemic delusion:

It has been some time since we have been able to trace that swallowed eel. Of course, as everybody remembers, he has been swallowed all over the country, at different times, by nervous women, from Canada to the gulf, and from the Atlantic to the Pacific. The experienced newspaper reader knows all about how he subsequently acts; how, having been housed in the woman's stomach, he proceeds to make for her a very uncomfortable tenant, developing pains and nausea, and symptoms something like those of dyspepsia. Then, a doctor is called in, who at first endeavors to convince her that she is laboring under a delusion, but finding her unconvertible, becomes himself a convert to the eel story. The eel is generally induced to come out of the woman's mouth and to allow himself to be put into a jar of spirits, and placed on a shelf in the doctor's office for the satisfaction of incredulous neighbors. Who does not know all this tale by heart, and what newspaper in the sunny south or wild west has not given it forth to its readers annually? The eel story, after incubating for the winter, turns up afresh, we have noticed, in the spring. We have been looking for it for some time, and welcomed its reappearance last week. This time, the eel was swallowed, and the woman resides in Jersey City and the intruder was finally ejected after giving her very great annoyance. The unbeliever, who always fears when the story appears in print, that no animals could live ten minutes in a human stomach, will be put to rout, as usual. That eel is getting to be an institution of general natural credulity.

THE New York "Times" thus lucidly corrects a very common error anent the sources of Molière's antipathy to physicians:

Several Molièrists, and Monval is one of them, think that Molière hated physicians because he was ill and the physicians could not cure him, but Molère knew well that his malady came of his stage life; the monster public had to be incessantly tamed, and there was abuse of exasperated strength, excess of mental labor. The remedy was to be found in an abandonment of the theater. He was too sensible to blame the physicians for his ill health; still he hated them, as "L'Amour Médecin" proves, and perhaps his sentiment may be explained by pure professional jealousy. In love with truth and frankness, Molière felt deeply the pain of playing a part that he unjustly condemned in his enemies—the part of a physician who does not cure. Comedy does not transform men and manners; it cannot more realize this anti-natural miracle than medicine can change a temperament. It has higher and grander achievements. It shows in the work of Molère instinct, youth, love, unconquerable forces triumphant over the human vices at war against them, and all-powerful nature, protected by an invincible armor of adamant, a tamer of the false and fictitious in misdirected civilization. Like medicine, comedy has for its function to prevent nature from deviating. It does not cure the incurable. In attacking the physicians Molière confessed figuratively his own inability to repair the irreparable. He never missed an opportunity to express contempt for books; he feigned to believe that the dramatic poet cannot live and remain in the memory of men except by representation on the stage.

It should be remembered that Molière suffered from phthisis with paroxysmal dyspnœa, and epilepsy; states engendering the suspicional notions which cause distrust of regular medicine and confidence in quacks.

DR. CRICHTON BROWNE points out that headache is especially frequent in schoolgirls. He quotes approvingly the dictum that "children have no business with headaches at all, and, if you find that these occur frequently in any school, you may depend on it there is something wrong there," and says that there must be something radically wrong in high schools which produce so copious a crop of cephalalgia. The headachy girl is not unlikely to grow into the migrainous and invalid woman. A voluminous mental state may develop into epilepsy; somnambulism may lead to hysteria; insomnia lay the foundation of insanity; and anæmia at the growth period may entail lifelong debility.

Overpressure operates on the high school girl at a great epoch of her life—at puberty, and during the pre- and post-pubertal periods—when momentous changes are taking place in her body and mind, and when a wave of irritability sweeps through her nervous system. The grand truth to be inculcated in all high school authorities is that they have to deal with girls at a period of life when vital resistance is greatly reduced, when the liability to disease is proportionately augmented, and when physiological indiscretions are peculiarly hazardous. Chorea, also, is a malady which, perhaps more than any other, may be directly attributed to overpressure and nervous strain. The great evil in schools is, however, not education, but the struggle for class position.

THE "Western Druggist" cites the decision of a Detroit justice that the custom of pharmacists claiming ownership of prescriptions compounded by themselves cannot be upheld. A party by the name of A. F. Wilcox left with D. R. Bogue several prescriptions given him by the late Dr. C. B. Gilbert. These prescriptions proved of great service to Wilcox, and were several times refilled. Bogue finally sold his store to William V. Wendover, and when Dr. Gilbert died, Wilcox, fearing the prescriptions might be lost or mislaid, made a demand on Wendover for them. He refused to surrender them and Wilcox replevined them. At the hearing the defendant attempted to introduce as evidence the fact that druggists have been accustomed to regard prescriptions left with them as their own property, The evidence was excluded on the ground that such a custom would change title in property without the owner's consent, and would be dangerous, inasmuch as the druggist, if the custom was a legal one, could refuse to fill the prescription and thus deprive the rightful owner of all benefits at a time when the prescriptions were most needed and could not be replaced. Judgment was rendered for Wilcox. The decision will not be sustained on appeal.

SIR FRANCIS BACON in his collection of apothegms tells of an English Episcopal clergyman who when deposed from his charge for drunkenness and immorality said that his deposition would cost a hundred lives, as he proposed to turn quack. This clergyman had, it appears, an imitator about three centuries later in Dominie Rubel, of Flatbush, N. Y. He was deposed (Brooklyn "Med. Jour.") from his ministry for drunkenness and other irregularities, whereupon he took to "doctoring" and evinced the usual "enlightened contempt" of the quack for the "moss-grown ethics of the medical profession" by extensively advertising in the newspapers of a century ago. He appeals to the piety of hypochondriacs as follows:

"It has pleased Almighty God to give me wisdom to find out the Golden Mother Tincture, and such a Universal Pill as will cure most diseases. I have studied European Physicians in four languages, I don't take much money as I want no more than a small living wherэunto God will give me his blessing." John Casper Rubel.

THE "Medical Current" admits as follows that homœopathists use other than homœopathic remedies and furthermore admits that such a course is morally unjustifiable when the sectarian label is used. In justice to the "Medical Current" its original orthography is preserved:

In the name of candor and logic we ask, Because a man is a deciple of Hahnemann, must all of his cures be based upon the Organon? Must the follower of Christ to-day occupy the same social, physical and intellectual positions that characterized the favored twelve of old? As the times change must we not change with them? We frankly admit that a person who claims to be one thing, and whose acts proclaim him to be something widely different, must rest under the imputation of being a hypocrite. Even though a Judas Iscariot appears in the chosen band, must the eleven others be considered traitors also? Exceptions do not establish the truth of principles. Men who endeavor to belittle the profession by holding up the occasional delinquencies of a Judas do more harm than they know. Such a reprehensible course never reformed a traitor nor braced up a coward. It only casts a stigma upon the entire profession. It affords an opportunity for such bigots as the kaleidoscopic S. O. L. Potter and the precocious infant of the MEDICAL STANDARD to air their beligerent tendencies. They are eager to avail themselves of such choice bits.

THE New Haven Co. (Conn.) Medical Society was chartered in 1783. In 1788 it ("New England Medical Monthly") published:

"Cures and Observations: by the Medical Society of New Haven County in the State of Connecticut."

The appearance of this comely pamphlet of eighty-six pages was an event of importance. Nothing of the sort had before been attempted in this state and very little if anything in the United States. The earliest American medical periodical, "The Medical Repository," a quarterly of about 150 pages, began its useful and honorable career in New York, in 1797, nine years later. The cases related in the New Haven pamphlet were interesting and instructive, and some of them were of decided importance.

A PROMINENT Detroit physician corroborates the psychiatrical diagnosis, made by the MEDICAL STANDARD, of periodical kleptomania in the case of the editor of the "Medical Age." He calls attention to an editorial of the July "Medical Age" on rabies taken bodily from the "Lancet" of June 4. The irate physicians state

that the "Medical Age" editor "is the prize literary thief of the century. He steals as regularly as his journal comes out." There is very strong evidence that the "Medical Age" editor is suffering from amnesia attended by unconsciously assimilative periods which accounts for his kleptomania, but renders him irresponsible. Our irate correspondent should charitably take this mental weakness into account.

WHEN Dr. Ernest Hart of the "British Medical Journal" drops into psychiatry he generally exhibits the hoof of the British philistine who has learned nothing new and forgotten a great deal. The MEDICAL STANDARD has repeatedly commented on this peculiarity which is once more emphatically illustrated in the following citations from a widely quoted editorial, hereinafter parelleled with the dicta of English-speaking alienists and neurologists. Other European evidence is omitted in view of the "practical" prejudice of the British philistine against "foreigners":

Forbes Winslow ("Diseases of the Brain and Mind") points out that: A man loses all knowledge of a language acquired in early life because of a severe blow on the head, the effect of a serious derangement of the cerebral circulation, alteration in the molecular structure of the brain associated with an attack of fever or the effect of paralysis or apoplexy. He recovers from illness but with an entire forgetfulness of a language with which he was previously familiar. He is advised when restored to health to learn it. He commences with the grammar and makes an attempt to acquire the rudiments of the lost tongue. While so doing he painfully realizes the mortifying fact that all recollection of what he had formerly so well known is entirely obliterated from his memory. He endeavors to translate some elementary classical work and during a determined effort to resuscitate his dormant, and, to all appearance, lost ideas, and revive former impressions by attempting to construe a difficult Latin sentence he is conscious of a physical change taking place in the brain: "Quick as Ithuriel's spear" all his critical knowledge of the apparently forgotten language rushes back to his mind.

The "British Medical Journal" says: It is not surprising that even George Eliot, with all her knowledge of the innermost workings of the human mind, should have lost her way when dealing with the morbid changes of mind and brain Tito's father, Baldassare, had been a great scholar, but after a long illness his memory, upon recovery, became a perfect blank; he could recall nothing of his scholarship, though he had not forgotten who he was; with all this Baldassare is not represented as having lost his reason; he remembers his past life, but he can no longer read or write or recall any of his scholarship for which he had been so distinguished. It was not amnesia or agraphia with which he was afflicted; it was a form of cerebral disease known only to the eminent novelist.

THE novelist is not only a better alienist but a better clinician than the editor of the "British Medical Journal," since many general practitioners have repeatedly observed just such cases. In neurology equally absurd philistinism is apparent:

The "British Medical Journal" says: One of the strange medical things in "Monte Cristo" is the way in which the old revolutionist, Nortier, manages to live on, paralyzed in every part of his body except his eyelids, which he winks freely. Yet the old fellow reasons acutely, and finds no difficulty whatever in swallowing food or drink. Dumas seemed absolutely unaware that such a paralytic condition as he describes in Nortier's case involved of necessity brain damage of the most serious kind.

One of the ablest American neurologists, Dr. C. K. Mills, of Philadelphia, says ("Review of Insanity and Nervous Disease" Vol. II.) anent the same case:

"Little escapes the novelist, and of the guild of romancers few have equaled the elder Dumas in the frequent and skilful use of history and science. In the "Count of Monte Cristo" is an interview with a motor aphasiac which might have answered as testimony in court in a case in which the question was that of testamentary capacity. The old Bonapartist Nortier, paralyzed and profoundly aphasiac, angered at his son and daughter-in-law, determines to change his will. His son, granddaughter and his old servant could understand and communicate with him through an arranged plain by his closing his eyes for yes, by winking them when he meant no, and, when he had some desire or feeling to express by looking upward. He signifies his desire for a notary by indicating to his granddaughter, who recites to him all the letters of the alphabet, that he wishes "n" and "o" in succession; then, with a dictionary he picks out the word "notary." The notary at first refuses to incur the responsibility of making a will for one whose wishes he may not be able to understand, but having been shown that the aphasiac does understand what is said to him and can communicate by pantomime, he becomes interested in drawing up the legal document, and asks for a brother notary to be brought, in order that the will, if contested, may have the greatest possible evidence of its authenticity.

THE "American Lancet" does not appear to be well informed on sociological matters in Michigan. It has repeatedly inferred that the abolition of capital punishment has increased murder in that state. The recent United States census shows this to be a most decided error.

THE "British Medical Journal" cites the following from a book entitled "Man Transformed, or the Artificial Changeling," by J. B. (John Bulwer, M. D.), published in 1653, as of interest in connection with the history of oophorectomy:

It is an anatomical question, an mulier castrari possit, and it appears de facto to have done; but concerning the manner of operation there ariseth a great difficulty—whether they castrated women by drawing out their wombe, or by avulsion of their testicles. Both waies it is certain that women will be brought into great danger of life; for although sows may be spaded, yet with the like security it cannot be administered in women by reason of the seat wherein they are placed and the society they have with other parts; for he must necessarily cut both the flankes who castrate a woman, a work full of desparate hazard, yet it may be done with little or no danger if it be attempted by an artfull hand. And a friend of mine told me he knew a maid in Northamptonshire that was thus spaded by a sow gelder, and escaping the danger, grew thereupon very fat. A gentleman who undertook since in some company to tell me this story againe, said he was present at the assizes of Northampton, when this sow gelder was arraigned for this fact. I doubt there is some mistake in the scene, for by another information of a justice that was there, it was in Lincolnshire, and the fact done upon Lincoln Heath, and that was not his first act, so that his first attempt might be upon the Northampton maid. This last maid's name was Margaret Brigstock, but the judges were much confounded how to give sentence upon an act against which they had no law; for although the castration of man was fellony by the law, yet there was nothing enacted against spading of women; and well might they be ignorant of such a case when Platerus, the great physician, professeth he remembered not that ever he read or heard of such an attempt. This Clearke (for that was his name) was hanged for this last act, but not by a law, but for robbing her of two penniworth of apples which she had in her apron.

THE cholera epidemic threatening the United States has many unique phases differing from previous epidemics. The wide dispersion of refugees from Russia invalidates conclusions drawn from cholera's previous, relatively steady regular march. The state health boards, while weakened by changes arising from pressure exerted by "practical" business men in the interest of money-making schemes, contain enough men of admitted ability to take quarantine precautions needed against the disease so far as these can be done in the absence of a National Board of Health. The old National Board of Health stamped out more than one epidemic, and there is very little doubt but that its system of quarantine of emigrant transportation by railroad was most efficient and least vexatious to commerce. The old superstitions anent poisoning of wells which Eugene Sue has chronicled in his "Wandering Jew," have cropped up in the present epidemic. As cholera symptoms closely resemble those of shock, sporadic reports of "cholera" cases will crop up because of the present scare. There is no doubt but that cholera is in Hamburg and in Liverpool. Quarantine has, however, more than once prevented its entrance into the United States, and may do so again. Meanwhile it is to be regretted that Chicago's sanitary officials have (in the typhoid matter) proved themselves presumptuously ignorant of sanitary science. The State Board of Health, however, will make up for such deficiencies. In an address before the national conference of state boards of health at St. Louis, October 13, 1884, Dr. John H. Rauch, of Illinois, thus demonstrated that cholera was capable of being quarantined, and pointed out the proper method of carrying a quarantine into effect:

It is charged that quarantine is powerless to prevent the extension of epidemic diseases; that, in the language of John Simon, "a quarantine which is ineffective is a mere irrational derangement of commerce;" and that to be effective it must be of such a nature as to absolutely prevent all intercourse with the infected country. All this may be true of Great Britain, owing to her geographical position, to her extensive commerce and its exigencies, to her dependence on other countries for her food supply, and to other conditions which do not obtain with us. It may also be true of Europe generally. There, a narrow strait or sea, a river, a mountain chain, or merely a territorial boundary line, with its custom houses and passport system, defines the limits to be guarded, and forms the only physical barrier between the quarantiner and the quarantined. Here the whole width of the Atlantic intervenes between us and the infected country. There, cordons and quarantines mean privation, misery and suffering, and, ultimately, starvation. Here, the nation is self-supporting, and could exist unaffected in almost all her material interests. There, it may be true, as alleged, that a quarantine of exclusion is impossible of execution, and that the attempt to maintain it does more harm than good, in leading to numberless contraband practices by which the disease may be introduced in unsuspected ways.

None of this is true when applied to the exclusion of Asiatic cholera from this country; while to accept the statements unquestioned would cause vigilance to relax, would invite contagion to our shores unimpeded, and would finally throw upon individual communities the burden and responsibility of fighting the disease at an immense disadvantage—that is, of fighting at home and from many quarters, instead of on the outer lines and from only one direction.

With the necessary agencies of an effective quarantine provided in due season, it would not require any very great degree of courage to promise the practical exclusion of the disease.

THE "high forehead," "big-brain" test of intellectuality is once more looming up in medical literature. The absurdity of this test was in the following manner cogently pointed out by the "Alienist and Neurologist" a decade ago:

It is usually supposed that men of great intellectual powers have large and massive heads; but this theory, which Dr. Gilbert, physician to Queen Elizabeth, was the first to suggest, is not borne out by facts. An examination of busts, pictures, medallions, intaglios, etc., of the world's famous celebrities almost tends the other way. In the earlier paintings, it is true, men are distinguished by their large heads, but this is attributable to the painters, who agreed with the general opinion and wished to flatter their sitters. A receding forehead is mostly condemned. Nevertheless this feature is found in Alexander the Great, and, to a lesser degree, in Julius Cæsar. The head of Frederick the Great receded dreadfully. Other great men have

had positively small heads. Lord Byron's was "remarkably small," as were those of Lord Bacon and Cosmo di Medici. Men of genius of ancietn times have only what may be called an ordinary or every-day forehead, and Herodotus, Alcibiades, Plato, Aristotle, and Epicurus, among many others, are mentioned as instances. Some are even low-browed, as Burton, the author of "The Anatomy of Melancholy"; Sir Thomas Browne, and Albert Dürer. The average forehead of the Greek sculptures in the frieze from the Parthenon is, we are told, "lower, if anything, than what is seen in modern foreheads." The gods themselves are represented with "ordinary, if not low-brows." Thus it appears that the popular notion on the matter is erroneous, and that there may be great men without big heads. Recent anatomical and physiological researches tend to at least lend strength to this view. Spitzka states ("Journal of Nervous and Mental Disease" p. 483, 1879), that the development of the intellect in its highest sense depends upon a good projection system. This in turn depends upon a well developed cranial base. Dr. Crochley Clapham ("Journal of Mental Science," 1881-2), claims that there is no proof that the frontal lobes are the seat of intelligence, and gives the following reasons for rather crediting the occipital lobes with that function: The occipital lobes occur only in the primates, being absent in the lowest of the monkeys. The frontal lobes are present in all the mammalia. The occipital lobes are the latest developed, whereas convolutions first make their appearance in the human brain in the frontal lobes. The occipital lobes are not occupied, as are the frontal lobes, by extensive motor areas; indeed, they have no motor cells whatever in their cortical subatance. The occipital lobes are small and ill-developed in idiots (a straight back to the head being a common feature of idiocy), while the frontal lobes are unusually large, relatively speaking. Wasting of the occipital lobes is always accompanied by dementia; not so wasting of the frontal lobes. Campagne ("Traité de la Manie Raisonnante") and others have shown that in paranoia the occipital region not the frontal is deficient.

It may therefore be safely assumed that popular and even medical notions on this subject are erroneous. The MEDICAL STANDARD discussing the "big brain" question said half a decade ago that many of the "big brains" were instances of healed-up hydrocephalus. This was the case with Cuvier. An imbecile's brain examined by Spitzka ("Somatic Ætiology of Insanity") weighed 68 ounces. The ependyma or barren layer was five times the normal thickness.

CERTAIN comments on alleged brutality in the medical profession have lately disgraced the columns of the "Weekly Medical Review" and the "Journal of the American Medical Association." Without waiting to ascertain whether military laws had been at all violated, both these journals rushed into violent condemnation of militia surgeons for seeing that the execution of a sentence of a military tribunal did not exceed the limits prescribed by the tribunal. Other than newspaper statements, the most worthless possible source of information, there was no evidence that the surgeons had done anything. Even the newspapers, however, did not condemn them for obeying a superior officer in conformity to their oath. This disgrace was reserved for medical journals which should always hold every physician innocent of any accusation until proven guilty. The "Journal of the American Medical Association" has more than once disgraced itself in this particular under its first two editors. It is to be regretted that the "Weekly Medical Review" has followed such an inane unprofessional example.

GOOD intentions had serious consequences in the case of Dr. F. Wilder. When called up by an obliging drug clerk (at the instance of the alcoholic lunatic Redmond) Dr. Wilder was absent. Later the same drug clerk called Dr. Wilder to his death from the most commendable possible motives of courtesy.

THE penitentiary life sentence of the alcoholically insane murderer of Dr. Wilder has naturally created some interest in the legal tests for alcoholic irresponsibility. According to Sir Henry James ("Jour. of Ment. Science") they are as follows:

In determining the legal character of the offense committed, drunkenness may be taken into account where it has established a condition of positive and well-defined insanity. If it produce a sudden outbreak of passion occasioning the commission of crime under circumstances which, in the case of a sober person, would reduce the offense of murder to manslaughter. In the case of minor assaults and acts of violence it can never form any legal answer to the charge preferred, but it may aggravate or mitigate the character of the act committed—probably aggravate it. As to the effect that should be given to drunkenness when determining the amount of punishment to be inflicted, no general rule can be laid down. Its existence may be considered, and may tend either in the direction of increasing or diminishing the punishment.

THE Keeley "cure" bubble is about to burst at Dwight, its natal town. The inhabitants of that town, thinking that the "boom" would be permanent, invested in hotels, boarding-houses, etc. as a means of squeezing cash out of the luckless inebriate. The number of inebriates has so decreased of late that hotels and boarding-houses are being shut up and a loud outcry is heard against "philanthropist" Keeley for deceiving the guileless rustics of Dwight into a belief in the permanency of his boom. *Sic transit gloria mundi.*

DR. RAMSAY in his history of South Carolina, 1808, in a diatribe against feminine dress absurdities remarks that many women *will* hitch up their petticoats with suspenders heedless of the danger of causing cancer of the bosom. The crusade against female suspenders evidently began about a century ago.

DR. G. FRANK LYDSTON, of Chicago, states ("Western Med. Rep.") that he has in his possession at the present time a letter from a prominent railroad magnate to a young lad of seventeen that is a typical illustration of the character of the sexual pervert. The endearing terms used in this letter are precisely those that a healthy man would be apt to apply to a woman with whom he is enamored. Another case is that of a woman moving in good society, who has no natural affinity for men, but has a perverted affinity for both men and women. He knows of an individual who is in the habit of visiting a house of prostitution at infrequent intervals, and who takes with him a costume hired for the occasion, comprising the garments of a queen with the usual robe and indispensable crown. In this regalia he addresses the object of his amorous attention, and in the absence of this costume he is absolutely insensible to her attractions. The imperative conception in his case is to the effect that he is of royal birth, and that no woman, save one of queenly extraction, is worthy to be the object of his affections. Another individual has a passion for prostitutes, and carries a live chicken with him when he goes upon his semi-occasional debauches. This chicken is decapitated in the presence of the fair object of his attentions, and then and only then is he capable of performing his sexual functions. It appears that the sight of the struggling, bleeding fowl is absolutely essential to his potency. A physician indulges in perverted practices with his female patients. An at one-time prominent Western surgeon, who occupied a college professorship, was well known until recent years to be a sexual pervert of the most degraded type.

DR. LEMOYNE, of Los Angeles, in a paper read before the California Medical Society concludes: Do not suture skin wound except for purposes of pressure, as it heals too fast for deeper tissues and retains discharges, and seems to provoke formation of, or at least to retain, cheesy matter. Close external wound with interrupted sutures, as skin and muscles are so loose that they pucker and do not heal rapidly. Suture deep muscles layer by layer very carefully, so as not to leave spaces, and to superficial muscles, but not to skin. Leave no more stump of lung than necessary, and the smallest pedicle which will be safe. Without any constitutional evidences of sepsis (the greatest care and cleanliness being used), it seems that rabbits have a tendency to the formation of a cheesy pus in the healing of all wounds, operative or otherwise. The MEDICAL STANDARD long ago pointed out that this lymphoid tendency in rabbits invalidated the results of certain researches.

DR. TUTTLE, of Somerville, Mass., concludes ("Amer. Jour. of Ins.," April, 1892): Chronic nephritis is sometimes the cause of mental aberration, which may be called insanity. Long-continued insanity may cause albumen, hyaline, granular epithelial and blood casts in the urine, with accompanying œdema in some cases. This kidney affection may be temporary, disappearing when the cause is removed, or, the cause persisting too long, may become chronic renal disease. Contrary to the opinion of many observers, disease of the kidneys is quite common among the insane.

DR. FURBRINGER, of Vienna, Austria, ("Wien. med. Woch." No. 23, 1892) has had under care four cases diagnosed as those of gall-stone passage in which small facetted bodies were excreted. These were found to be concretions formed from pears eaten. Two of the patients suffered from "nervous hepatic colic"; a visceralgia to which Allbutt called attention nearly a decade ago. These "nervous hepatic colics" closely resemble true gall-stone colic, but do not depend on errors in diet and are often periodic. Furbringer did not observe icterus or hepatic enlargement, but the first has been noted by other observers in neuropaths. There is usually an hepatic tendency. Anti-lithæmic treatment is of value.

THERE is some satisfaction at least in the failure of repeal of the $25 U. S. retail liquor license. "Uncle Sam" positively will not discriminate against any class selling liquor, druggist or saloonkeeper. That the numerous institutes which are masquerading as liquor cures have been placed in the same category is to the credit of the government. The "Keeley-motor-Gold Cure" company has been forced to take out a license for each of its forty branches.

THE "British Medical Association" has expunged the by-law ostracising female physicians. That this action is in the direction of the welfare of the profession there is very little doubt.

DR. ROBINSON'S researches on crime in Pennsylvania, elsewhere cited, indicate that crimes of impulse are increasing, but premeditated crimes are on the decline.

Progress of Medicine.

THERAPEUTICS AND PHARMACOLOGY.

CINCHONAMINE, according to Dr. Charrin ("Mercred. Med."), has as decided action as quinine, and is more soluble.

MERCURY PYROBORATE is a brown amorphous powder ("Satellite") insoluble in water, ether or alcohol. As a mercurial local application it can be used in combination (1 to 50) with vaselin or for absorption with lanolin in the same proportions.

ASPARAGIN HYDRARGYRATE has been founded by Neumann ("Satellite") excellently adapted for hypodermic use in syphilis in a one-half per cent aqueous solution. It is rapidly absorbed and as rapidly excreted by the kidneys.

STRONTIUM BROMIDE IN VOMITING.—Dr. G. Coronedi ("Practitioner") has had excellent results in hyperemesis gravidarum and other types of vomiting from strontium bromide in the usual doses.

OPIUM ALKALOIDS AND THE BOWEL.—Dr. Leubuscher has ("Med. Bull.") made a comparative study of the action of morphine, codeine, narcotine, narceine, papaverine, and thebaine. In order to excite vermicular emotion he used galvanic, faradic and chemical excitation. This investigator concludes that morphine is the most efficient agent in allaying intestinal movements. Papaverine comes next to morphine in this respect. Narcotine is much more feeble, and must be given in large amounts in order to exert any influence. Narceine and codeine are altogether inefficient, at least in the doses in which they were given. From one-sixth to one-third grain of thebaine excited violent intestinal contractions.

SUNDEW (drosera), according to Dr. J. W. Eckfelkt, of Philadelphia ("Med. Bull."), in the cough of the early stages of phthisis is a promising remedy. Good results are frequently observed in non-plethoric individuals from its use in asthma and hay-cold. Drosera is of the greatest value in all forms of cough, but more particularly in pertussis, in which, under its influence, the spasms become less frequent and the cough is rendered less severe. This remedy evidently produces a sedative effect, chiefly upon the peripheral nerve-filaments, thereby lessening the excessive excitability. In the cough accompanying measles, the distress is lessened and the croupous tone ameliorated. He has found drosera an excellent addition to the other remedies employed in the early stage of bronchitis. It is likewise capable of relieving the cough dependent upon cardiac affections. In diseases of the stomach, more particularly those of a catarrhal character, drosera frequently proves of much value. During the recovery of gastric ulcer this drug adds tone to the stomach muscular coat. It is of value in atonic dyspepsia.

MERCURY AND THE BLOOD IN LUES.—Dr. Bieganski ("St. Louis Med. and Surg. Jour.") concludes that lues has no effect in altering the number of blood-corpuscles; that it increases the number of white blood-corpuscles, particularly the small mononuclear lymphocytes. At the same time the number of the polynuclear white blood-corpuscles diminishes. The hæmoglobin of the blood is distinctly lessened. On the administration of mercury, the blood is markedly changed. This, however, is dependent upon the greater or lesser thickness of the blood, and not due to any change or alteration in the nourishment of the patient. Mercury lessens the number of white-corpuscles, and renders the relations between the white and red almost normal. It is particularly the mononuclear white-corpscules which are diminished in number, the polynuclear cells again becoming more numerous. The quantity of hæmoglobin is distinctly increased by the administration of mercury.

JEQUIRITY, according to Dr. W. B. Babcock, is a safe remedy ("South. Calif. Pract".). Anyone who can treat a case of ophthalmia neonatorum can handle a case of jequirity inflammation, and he thinks that no intelligent physician need have any hesitation in employing the drug. In most cases he had not seen the patient until after the inflammation had passed away. In only one case had there been the least anxiety, due to the patient exceeding the instructions; yet the result in this had been better than in any of the others. He could not agree with those who regarded the remedy as dangerous, and believed that their cases had been unsuitable, or that it had been used too freely. He employed an impalpable powder of the bean. The eye was dilated fully the day before, and kept so during the time that it was inflamed. About twice the size of a mustard seed of the powder

is dusted into the eye, preferably on the everted upper lid, at bed-time, the operation being painless. If inflammation has not supervened by morning, apply some more of the powder, and in about three hours the inflammation begins. This is at its height in twenty-four hours, and continues for three or four days. A wash of bichloride (1:5000) or a saturated solution of boracic acid is used every hour during the day and every three hours during the night. This must be gotten well under the lid, and the washing kept up for the first three days; after this not so often. The skin around the eye is kept well smeared with vaselin. If the pain is not very great, nor the secretion profuse, hot water is applied for ten minutes every hour or two. Otherwise, cold water must be used. Cocaine is of great service in relieving pain. Ten days after the first application an astringent will aid recovery. If the first operation should not prove successful it can be tried again in about two months. Jequirity is a great searcher-out and makes a clean sweep of the whole membrane, being therefore more thorough than the usual surgical treatment.

NEUTRALIZING CORDIAL AND DIAPHORETIC POWDER.—The "Western Druggist" gives the following formulæ for these "eclectic" preparations:

Syrupus Rhei et Potassæ Compositus.

Fld. ext. rhubarb.....	fl. oz.	1½
Fld. ext. cinnamon	"	½
Fld ext. hydrastis.....	m.	160
Potassium carbonate.....	gr.	56
Oil peppermint.....	m.	4
Sugar.....	oz.	12
Water, enough to make....	fl. oz.	16

"Diaphoretic powder" is another eclectic preparation, being generally known as "Camphorated Dover's Powder" or

Beach's Diaphoretic Powder.

Opium powder.....	dr.	1
Ipecac	"	2
Camphor.....	"	4
Potassium bitartrate.....	tr. oz.	2

They are both very old preparations used long before "eclecticism" was "discovered."

CLATBURR (Xanthium) has been found by Dr. J. W. Eckfeldt of value as an alterative and hæmostatic. In the treatment of all hæmorrhages of a remote nature it speedily reaches the seat of the disease through the medium of the venous circulation. Xanthium promptly checks uterine hæmorrhage from various causes. In postpartum bleeding, as well as the troublesome hæmorrhage so frequently found to occur during the menopause of plethoric women, it is of service. Xanthium may be regarded a prompt and reliable remedy in the bleeding of piles and in dysentery. On account of its alterative action, it has been used with considerable success in all strumous conditions of the system, and especially where there is a general tendency to the enlargement of the lymphatic glands unlooked-for results are distinctively gained. It may be employed as a topical application, in order to check hæmorrhage from accessible surfaces. In the treatment of cutaneous diseases of a squamous form the continued use of this drug has brought about a healthy condition of the vascular surface.

CAPSELLA BURSA PASTORIS has been found by Dr. J. W. Eckfeldt ("Med. Bull.") to be an active renal stimulant and tonic, with marked diuretic tendencies and prompt hæmostatic action. It may be efficaciously employed as a diuretic in various kidney complaints. It has been given with success, also, in scarlatinous nephritis. In chronic diarrhœa attended by profuse mucous discharges, and in bowel hæmorrhage, or in dysenteric attacks, it is of service. In forms of renal hæmorrhage very great relief is afforded by its timely use. In pulmonary affections accompanied by mucous tract œdema, as well as in hæmoptysis and in relaxed cough, capsella is of very great value. The happiest results are to be derived from this drug in the treatment of uterine hæmorrhages. In those conditions where there is a hypertrophied condition of the mucous membrane, in the bleeding from uterine polypi, either before or after removal, it may be given with success. In excessive menstrual discharges it seems to mitigate what may approach a hæmorrhagic condition. Shepherd's purse may conveniently be substituted for ergot in cases of labor. In bleeding piles good results are often obtained. Frequently-repeated doses of capsella rapidly arrest epistaxis. As an expectorant in various coughs it is of utility. It can be highly recommended in the treatment of nervous cough. As a gargle in pharyngitis and as a wash in leucorrhœa, it has proven of much avail.

WOOD-SAGE (Teucrium) is, according to Dr. J. W. Eckfeldt ("Med. Bull."), of value as an antispasmodic. Conjoined with stimulating expectorants, it has been found quite useful in nervous coughs, and the paroxysm of pertussis is not unfrequently mitigated by its timely use. In hysterical conditions dependent upon reflex action of the uterine nerves, the fluid extract

has demonstrably effected good results. As an expectorant a syrup is a valuable remedy, allaying cough and lessening profuse expectoration. In all low conditions of the system it has been used with much benefit. In amenorrhœa and protracted menstruation, teucrium in many cases proves successful. In strumous disease it is of value as an alterative and restorative. In rheumatism, especially of the subacute type, it is of much benefit. Its principal power, however, is in the treatment of enlargement of the prostate gland and hæmorrhoids. He has found this remedy very efficacious within a short period after administration, reducing the tension of the blood-vessels and the size of the hypertrophied gland. In a suppository, the effect of the drug is more promptly produced, causing a subsidence of the frequent itching so troublesome in hæmorrhoids.

CLEAVERS (Galium) is, according to Dr. J. W. Eckfeldt ("Med. Bull."), of value in ascites as it is an excellent diuretic. In icterus it seems to exert an especial action on the disordered liver. This is particularly true of infantile jaundice. It is an aperient, diuretic and alterative.

HAIRCAP-MOSS.—Dr. J. W. Eckfeldt states ("Med. Bull.") that haircap-moss (Polytrichium) of benefit in ascites or anasarca. It largely ncreases the urinary secretion and reduces the weight of the body within a few days.

OBSTETRICS AND PÆDIATRICS.

AMENORRHŒA FROM MENTAL STRAIN.—Dr. T. H. Burchard recently ("N. Y. Jour. of Gyn.") emphasized the injurious effect of intense emotional excitement and intense mental effort on menstruation and the ovarian system. Such cases are frequent in girls pursuing the higher branches of learning. An actress, who went on the stage at fourteen or fifteen, prior to which time she menstruated regularly, ceased to menstruate at all, and her general health suffered. She afterward married and left the stage, and four or five months after that her health was re-established. A prominent newspaper writer, who became engrossed in her profession, did not menstruate from the age of twenty-five to thirty-five, when, her general health suffering, she rested from her mental labors for two years, and her menses recommenced, after which she returned to her newspaper work, and has not menstruated for several years.

MENSTRUATION AT TWO YEARS.—Dr. R. A. Murray reports ("N. Y. Jour. of Gyn.") the case of a woman, now eighteen, who has menstruated normally since she was two years of age, at which time she was fairly developed. She had much pain until she became eleven years of age, after which her condition improved, and she is now perfectly well. Similar cases have been reported, in some of which pregnancy occurred at the age of eight.

SECONDARY CAUSES OF AMENORRHŒA are, according to Dr. A. Jacobus ("N. Y. Jour. of Gyn."), sea voyages, associated perhaps with a change of climate, anæmia, work in cigarette, tobacco or silk factories, or in shops where dye stuffs are used, excessive and prolonged use of morphine—one of woman's greatest curses—or alcoholics, shock following surgical operations and etherization, profuse hæmorrhages, pelvic peritonitis, prolonged acute diseases, superinvolution following confinement, obesity, tuberculosis, malignant diseases, chronic diseases of the heart, kidneys and nervous system, cardiac weakness, Bright's disease or insanity, for instance, great grief or other emotional causes such as in those indulging in illicit intercourse, or in the anxiety or excesses of the newly married, or in sterile women desirous of bearing children—the so-called false pregnancy, and, finally, after the prolonged and frequent use of very hot vaginal and rectal injections. The latter cause should be borne in mind, for no matter how valuable hot water vaginal and rectal injections are in the treatment of pelvic inflammations, etc., their prolonged daily use in patients predisposed by small or atrophic uteri or ovaries to scanty or irregular menstruation is objectionable and likely to lead to future bad results, though the immediate effect be good.

GENERAL MEDICINE.

HYSTERIC TEMPERATURE. — Dr. Viziol, ("Annali di Neur.") reports the case of a neuropathic female who, after several days of toothache, had a hyperthermia which oscillated irregularly from 98.5° (morning) to 101.3° (evening) during the first week. The patient had an attack of hysteric lethargy whereupon thereafter the temperature, with a coexistent slow pulse and respiration, rose on the first day to 105.8°; on the second to 110.3°, and on the third day to 113° at which it continued until the beginning of the third week when it suddenly fell to 93.2°. Variations of this type are far from infrequent in the insane.

THE "Lancet" is to be congratulated. It has been sued for libel by Keeley.

Societies and Colleges.

CALENDAR OF MEDICAL SOCIETIES.

Association.	President.	Secretary.	Place and Time.
NATIONAL.			
Am. Academy		C. McIntyre, Easton, Pa.	
Am. Anatomists			
Am. Andrological			
Am. Climatological			
Am. Dermatological			
Am. Gynæcological			
Am. Health Resort			
Am. Laryngological			
Am. Medical	Hunter McGuire, Richmo'd	W. B. Atkinson, Philadel'a	Milwaukee, June 6, 1893.
Am. Medico-Psychol'l.	J. Curwen, Warren, Pa.	H. M. Hurd, Baltimore.	
Am. Neurological			
Am. Obstetricians			
Am. Ophthalmological			
Am. Orthopædic			
Am. Otological			
Am. Pædiatric			
Am. Physiological			
Am. Physicians	A. L. Loomis, New York.	H. Hun, Albany.	
Am. Public Health			
Am. Railway Surgeons	C.W. P. Brock, Richmond.	E. R. Lewis. Kansas City.	Omaha, June, 1893.
Am. Rhinological			
Am. Surgical			
Mississippi Valley	C. A. L. Reed, Cincinnati.	E. S. McKee, Cincinnati.	Cincinnati, Oct. 12, 1892.
Pan-Am. Congrees	W. Pepper, Philadelphia.	C. A. L. Reed, Cincinnati.	Washington, Sept. 5, 1893.
STATE.			
Alabama		T. A. Means, Huntsville.	
Arizona	J. Miller, Phoenix.	J. T. Green, Tucson.	
Arkansas	J. T. Jelks, Hot Springs.	L. P. Gibson, Little Rock.	Little Rock, June 2, 1893.
California	W. E. Taylor, San Franci'o	W.W. Kerr, San Francisco	San Francisco, April 18, '93
Colorado	W. E. Wilson	E. R. Axtell.	
Connecticut	C. B. Newton, Stafford S'gs	N. E. Worden, Bridgeport.	Hartford, May 24, 1893.
Dakota, North	A.P. Rounseveille, Larim're	D. S. Moore, Jamestown.	Jamestown, May 25, 1893.
Dakota, South	A. L. Peterman, Parker.	R. D. Warne, Mitchell.	Huron, May 10, 1893.
Delaware	E. W. Cooper, Camden.	W. C. Pierce, Wilmington.	Rehoboth, June 13, 1893.
Florida	S. Springer, Brookview.	J. H. Douglas, Jacksonv'le	Jacksonville, April 7, 1893
Georgia	A. H. Smith, Hawkinsville	D. H. Howell, Atlanta.	Americus, April 21, 1893.
Idaho			
Illinois	E. F. Ingalls, Chicago.	D. W. Graham, Chicago.	Chicago, May, 1893.
Indiana	G. F. Beasley, Lafayette.	E. S. Elder, Indianapolis.	Indianapolis, May 9, 1893.
Indian Ty			
Iowa	C. M. Hobby, Iowa City.	C S. Chase, Waterloo.	
Kansas	F. F. Dickman, Ft. Scott.	G. C. Purdue, Wichita.	Topeka, May, 1893.
Kentucky	A. Dixon, Henderson.	Steele Bailey, Stanford.	Frankfort, May. 1893.
Louisiana	S. E. Archenard, N. Orleans	P.B. McCutcheon, N. Orlea's	New Orleans, May, 1893.
Maine	A. H. Mitchell, Brunswick.	C. D. Smith, Portland.	Portland, June 7, 1893.
Maryland	L. McLane Tiffany, Balti're	G. L. Taneyhill, Baltimore	
Massachusetts	J. C. White, Boston.	F. W. Goss, Roxbury.	Boston, June 13, 1893.
Michigan	G. V. Chamberlain, Flint.	C. W. Hitchcock, Detroit.	Muskegon, May, 1893.
Minnesota	A. W. Abbott, Minneapol's	C. B. Wetherle, St. Paul.	Minneapolis.
Mississippi	W. Kiger, Vicksburg.	H. H. Haralson, Meridian.	
Missouri	T. Prewitt, St. Louis.	J. C. Mulhall, St. Louis.	Pertle Springs, May.
Montana	W. Trearcy, Helena.	Dr. Ellis, Butte.	Great Falls.
Nebraska	M. L. Hildreth, Lyons.	G. Wilkinson, Omaha.	Nebraska City, May, 1893.
Nevada			
New Hamshire		G. P. Conn, Concord.	
New Jersey	G. T. Welsh, Passaic.	W. Pierson, Orange.	Spring Lake, June, 1893.
New Mexico		M. F. Desmaris, Las Vegas.	
N. Y. Association	J. B. Andrews, Buffalo.	E. D. Ferguson, Troy.	New York, Nov. 19, 1893.
N. Y. Society	L. S. Pilcher, Brooklyn.	F. C. Curtis, Albany.	February, 1893.
North Carolina	J. W. McNeill, Fayetteville	R. B. Jewett, Wilmington.	
Ohio	D. P. Allen, Cleveland.	T. V. Fitzpatrick, Cincin'i	Put-in-Bay.
Oklahoma	C. B. Bradford.	Loss Walker.	
Oregon	W. E. Rinehart.	C. H. Wheeler, Portland.	
Pennsylvania	H. L. Orth, Harrisburg.	W. B. Atkinson, Philadel'a	Williamsport, May 16, 1893
Rhode Island		W. R. White, Providence.	
South Carolina	W. H. Narlen, Anderson.	W. P. Porcher, Charlesto'n	Sumter, April 3, 1893.
Tennessee	C. W. Beaumont, Clarksv'e	D. E. Nelson, Chattanooga	Nashville, April, 1893.
Texas	J. W. Osborne, Cleburne.	H. A. Weston, Galveston.	Galveston, May, 1893.
Utah			
Vermont	J. W. Jenne, St. Louis.	D. C. Hawley, Burlington.	Montpelier, Oct. 14, 1892.
Virginia		L. B. Edwards, Richmond.	
Washington	N. F. Essig, Spokane.	O. G. Shaver, Tacoma.	
West Virginia	D. P. Morgan, Clarksburg.	D. Mayer, Charlestown.	Clarksburg.
Wisconsin	B. T. Phillips, Menominee.	C. S. Sheldon, Madison.	Milwaukee, May, 1893.
Wyoming			

Reviews and Book Notices.

SAJOUS' ANNUAL.*—This annual, of which the present is the fifth series, is of the greatest importance to medical men. In these annuals is condensed all that is worth preserving from the vast amount of the medical periodical literature of the world, covering every branch of medicine. The scope of the work may be inferred from the fact that no less than 1027 journals are quoted, besides 166 books, monographs, etc., this tremendous work being performed by seventy editors, all distinguished practitioners, assisted by two hundred colaborers. The work is uniformly good, and has in the past been well received by the medical profession. Dr. Sajous, the editor-in-chief of this annual, may well feel proud of the success of his undertaking. A French edition of the annual is soon to appear, a fact eminently creditable to American medical literature.

Typographically the volumes, bound in elegant scarlet covers, are first-class, while the numerous engravings, many of these colored, are in the highest style of the engraver's art.

PENNSYLVANIA, NEW JERSEY AND DELAWARE MEDICAL REGISTER.†—This book contains a complete list of the national and state medical and dental associations, with their officers and date of meetings, medical and dental colleges of the United States, and other valuable material, medical and dental laws, hospitals, homes, etc., etc.; also the lists of medical and dental practitioners, with their school and year of graduation, postoffice addresses, and office hours. The work has been carefully compiled, and bears the impress of being thoroughly reliable in all its departments. It is well printed on good paper, nicely bound, and its appearance carries with it irrefutable evidence that it is of that class of publications which immediately take popular hold in the special field for which they are designed.

TREAT'S ANNUAL‡.—It is difficult to find a reason for the continued appearance of this medical What-is-it. The typography is like that of most books issued by its publisher, execrable.

MIDWIFERY.*—Both the present works are excellent, practical additions to the literature. Each is suited to the wants of the practitioner, but from a scientific obstetric aspect the work of Lusk is to be preferred.

PAGE'S PRACTICE† cannot fail to add to its author's reputation. It exhibits decided evidence of careful, painstaking clinical and editorial work. The book is an exact reproduction of the author's experience and hence is peculiarly valuable.

EWALD'S STOMACH DISEASES‡ is an excellent practical work intended for the use of general practitioners. It appears in the form of clinical lectures. Lectures I and II are devoted to methods of examination of acidity and acids of the stomach, the digestion of albumen and starch, absorption power and the technique of the examination. Lectures III and IV discuss the stenoses and strictures of the orifices and dilatation of the stomach. Lecture V discusses cancer, Lecture VI ulcer and Lecture XI inflammations. Three lectures discuss the neuroses. In Lecture XII are illustrated the practical value of modern chemical tests.

LANE'S "RHEUMATIC DISEASES"§ is an excellent clinical discussion of the relations of chronic rheumatism, chronic rheumatic arthritis, chronic gout, and chronic rheumatoid arthritis. The last he agrees with Dr. J. K. Mitchell in regarding as of nervous origin. The volume is of great value but this would be much increased were American balneotherapy given the same attention as British.

SMITH'S OBSTETRIC PROBLEMS§§ is an excellent readable discussion of certain vexed questions in obstetrics. It will well repay perusal.

THE "Chicago Medical Recorder" will hereafter be published by Kauffman & Co.

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*Annual of the Universal Medical Sciences. A yearly report of the progress of the general sanitary sciences throughout the world. Edited by Charles E. Sajous, M. D., and seventy associate editors, assisted by over two hundred corresponding editors, collaborators and correspondents. Illustrated with chromo-lithographs, engravings and maps. Five volumes. The F. A. Davis Company, Philadelphia, New York, Chicago and London. Australian agency; Victoria. 1892.

†The Medical and Dental Register-Directory and Intelligencer of Pennsylvania, New Jersey and Delaware (1892 Edition); pp. 424; price, by mail, $1.25. George Keil, publisher, 306 Chestnut street, Philadelphia. 1892, Chicago: A. C. McClurg & Co.

‡The International Medical Annual and Practitioner's Index. A work of reference for medical men. Having the most eminent editors and contributors in the medical profession. New York: E. B. Treat. 1892.

*Practical Midwifery. By Edward Reynolds, M. D. 8vo. pp. 424. With twelve illustrations. New York: William Wood & Co., 1892.

The Science and Art of Midwifery. By William Thompson Lusk, A. M., M. D. New edition, revised and enlarged with numerous illustrations. New York: D. Appleton & Co., 1892.

†A Text-Book of the Practice of Medicine for the Use of Students and Practitioners. By R. C. M. Page, M. D., New York: William Wood & Co., 1892.

‡Diseases of the Stomach. By Dr. C. A. Ewald, Professor of Medicine in the University of Berlin. Translated from the second German edition by Moris Manges, A. M., M. D., with thirty illustrations. New York: D. Appleton & Co. 1892.

§Differentiation of Rheumatic Diseases. by Hugh Lane, L. R. C. P. London: J. & A. Churchill, 1892.

§§Obstetric Problems: Being an inquiry into the nature of the forces determining head presentation, internal rotation, and also the development of the amnion. By D. T. Smith, M. D., Lecturer on Medical Jurisprudence in the University of Louisville, etc. With Illustrations. Louisville, Ky. Printed by John P. Morton & Co. 1892. Price, paper, 25 cents; muslin, 50 cents.

State Items.

ALABAMA.—Dr. P. Brice superintendent of the Tuscaloosa insane-hospital and one of the ablest American alienists died August 14, in his 57th year. Dr. J. C. Lee, of Montgomery, died August 1.

CALIFORNIA.—Dr. B. Y. Harris has been appointed Eureka health officer.—Dr. L. Post, of San Diego, died August 21, at the age of 97.—Dr. C. J. Wallace has located at Los Angeles.

COLORADO.—*Denver.*—Dr. C. M. Parker died August 17.—Dr. J. H. Miller has been appointed U. P. R. R. hospital surgeon.

CONNECTICUT.—Dr. Ernest Smith, of Reading, has under care a case of hysterical paraplegia in a 10-year-old girl which recovered under the stimulus of religious excitement anent biblical miracles.—Dr. M. J. Adams, of Fairhaven, has removed to West Haven.—Dr. W. W. Welch, of Norfolk, died August 1.—Dr. French, of Deep River, has succeeded in securing the reunion of two severed fingers cut off by a buzz saw.—Dr. McCabe has removed to Howard and Columbus avenues, New Haven.—Dr. T. M. Hills has had under care a negro who on two occasions has swallowed a tooth plate one and one-half inches deep and one inch wide. The first time a month elapsed before its ejection by the rectum. The second time eighteen days elapsed.

FLORIDA.—Dr. C. W. R. Crum has been elected mayor of Brunswick.

GEORGIA.—Dr. S. P. Hunt, of Augusta, died recently.—Dr. J. L. Darby, of Columbia, Ala., has located at Americus.—Dr. C. M. Blackford, of Watkinsville, has been elected coroner.

ILLINOIS.—Dr. E. Healey has located at Cary, and Dr. Seestrand, of Chicago, at DeKalb.—Dr. J. C. Martin, of Ramsey, died July 31.—The state committee on woman's medical congresses has elected the following officers: Drs. Katharine Miller, Lincoln; Susan K. Whitford, vice-chairman, Elgin; Mary A. Seymour, secretary, Belvidere; Rhoda Pike Barstow, of Irving Park; Anna H. McFarland, of Jacksonville, and Frances Dickinson, of Chicago. —Dr. A. Bunce, of Decatur, died suddenly August 16 at the age of 73.—Dr. J. McDonald, of Beetown, has removed to Cassville.—Dr. S. H. Graham, of Waynesville, has been appointed pension examiner.—Dr. A. Kemper, of Mattoon, died August 27.—The state board has licensed Drs. R. H. Baker, of Mount Carroll; James Mahan, Parton; Wm F. Thornton, Shelbyville; H. E. Wangelin, Belleville; Wm. W. Apple, St. Francisville; Chas. T. Bacon, Table Grove; B. F. Brayfield, Brayfield; Wm. D. Carter, Nashville; Chas. F. Childs, Decatur; Frank Coggswell, Rockford; Wm. A. Dixon, Decatur; Horace Gaylord, Flanagan; E. H. Heaton, Harry L. Kampen, Kirkwood; Guy M. McLean, Pullman; G. S. Roberts, Corinth; R. C. Schroeder, St. Louis; F. S. Smith, Moscow; R. F. Throckmorton, Cairo; E. T. Trimmer, Rock Island; N. E. Winnard, of Lyndon, and F. L. Crocker, of Weston.—Dr. J. Weld, of Sonora township, died August 4, at the age of 83.—Dr. J. M. McKown, of Arcola, died August 27.—*Chicago.*—Dr. Francis Constant died in his 61st year.—Dr. M. F. Coe died August 7, Dr. J. M. Wilson, August 19 and Dr. J. W. Brooks, July 26 at the age of 81.—"Drs." J. K. Egbert and Baum were on an insanity jury. They signed a verdict to avoid an all night's detention, but next. day repudiated the verdict in open court —The state board has licensed Drs. E. F. Bauer, Jr., George A. Kardwell, L. H. Fuller, William Hessert, F. A. Howland, Carrie Shaw, H. P. Shlapobersky, A. M. Smith, Wesley W. Barkell, James Beckett, Theron Bradford, Frank Branen, E. N. Ewer, Sara M. Hobson, T. F. Lynott, Samuel C. Makemson, J. G. McKee, John McSimpson, J. B. Noble, John W. O'Neill, Samuel R. Peacock, Calvin Pollock, Henry A. Stewart, Charles H. Stoddard, Charles W. Treverton, A. M. Unger, William F. Walsh, Frank W. Wilson, Edmund Zummert, W. N. Austin, A. G. Bailey, E. S. Berwig, F. N. Cochens, L. S. Eastlake, J. D. Ketchum, M. A. Kline, Carl Langer, C. F. Waterhouse, and J. W. White.—Dr. E. P. Green used a pair of shears to snip the perineum of a parturient. In so doing he caused a fatal injury to the child.—Dr. C. G. French died August 7 aged 73.—Dr. A. M. Catlin, of Rockford, died August 28 in his 92d year and his 65th year of practice.

INDIANA.—Dr. B. B. St. John, of Princeton, has removed to Gentryville.—Dr. N. Y. Smith, of Greencastle, has been appointed grand medical examiner A. O. U. W.—*Ft. Wayne.*—Drs. W. H. Bell and T. D. Burdick have located here.—Dr. W. Hobbs, of Knightstown, died recently after forty years practice.—Dr. W. H. Yohn, of Valparaiso, died August 12.—Dr. C. H. Emery has located at Bedford.

IOWA.—Dr. W. Hoffbauer, of Dubuque, died July 28 at the age of 80.—Dr. Teter, of Ogden, has removed to Moville.—Dr. J. W. Ferguson, of Promise City, has removed to 420 North Jefferson street, Ottumwa.—Dr. W. A. McCorkle, of Cedar Rapids, recently married Miss M. McDaniel.—Dr. Jas. Phillips, of Knoxville, married Mrs. L. Boren August 1.—Dr. D. W. McCarty, of Louisburg, Pa., has located in Carroll.—Dr. F. C. Cook has located at Iowa Falls.

KANSAS.—Dr. Stemen, of Kansas City, was recently rendered unconscious for some hours by lightning.

KENTUCKY.—Dr. J. L. Grigsby, of Winchester, died August 17.—*Louisville.*—Dr. S. Maguire died August 10, at the age of 64.

LOUISIANA.—*New Orleans.*—Dr. J. Colvis died August 22, in Paris, at the age of 61. He was of negro parentage, graduated in Paris, and was decorated for medical services during the Franco-Prussian war.

MAINE.—A Saco physician made gestures when giving a nurse directions for a patient, and his horse, noticing them from the street, made straight for the window, thinking himself called to share in the consultation, and broke several panes of glass. —Dr. G. Lanney, of Portland, died recently.—Dr. O. S. Cream, of Bangor, reduced a jaw dislocation produced in a woman by yawning during church service.—Dr. C. H. Gore has located at Biddeford. —A Litchfield medical student chloroformed his wife and a paramour whom he found asleep together and castrated the man.

MARYLAND.—Dr. T. W. Simmons has been elected Hagerstown health officer.—Dr. C. Morse has located in Jamaica Plains.—There have been but 112 deaths ascribed to hydrophobia in fifty years in the state.—*Baltimore.*—Dr. L. A. Rheinhardt was drowned August 1.—Dr. T. A. Healey, of Cumberland, died August 10.

MASSACHUSETTS.—Dr. H. E. Carter, of Great Barrington, has been appointed medical examiner. —Dr. G. Kimball, of Lowell, died recently after fifty-five years' practice.—*Boston.*—Dr. Hugh Doherty died August 1.—Dr. E. Briggs has located at 295 Westchester Park.

MICHIGAN.—Dr. Sarah A. Cole has been elected Port Austin health officer.—Dr. A. A. Thompson, of Flint, died August 23 in his 63d year.—Dr. F. H. Warren, of Tehonska, has removed to Coldwater and Dr. W. S. Curtes, of North Star, to Lansing.—*Detroit.*—Dr. L. L. Toxier, of Batavia, N. Y., has located here.—Dr. Hewitt has located at North Star.—Dr. C. W. Andrews, of Grand Rapids, has removed to Grayland.—Dr. G. J. Northrup, of Marquette, died August 3.

MINNESOTA.—Dr. C. Wiensma, of Bellingham, died July 23.—Dr. J. L. Scofield, of Northfield, died July 28, at the age of 81, after 60 years practice; 36 in this state.—*Minneapolis.*—Dr. C. B. Putnam has been fined for violating the abortifacient advertisement act which is as follows:

"A person who sells, lends, gives away or in any manner exhibits or offers to sell, lend or give away or has in his possession with intent to sell, lend or give away, or advertises or offers for sale, loan or distribution any instrument or article, or any drug or medicine for the prevention of conception, or for causing unlawful abortion, or gives information orally or by advertisement where, how, of whom or by what means such article or medicine can be purchased or obtained, or who manufactures any such article or medicines is guilty of a misdemeanor."—Dr. Bartlett, of the St. Peter insane-hospital has resigned the superintendency.—Dr. Olaf Wold, of McConleyville, died August 23.—Drs. Mayo, of Rochester, and Chamberlain, of St. Charles, cholecystomized a woman and removed ninety-one gallstones. The patient died.—Dr. J. R. Wilson, of Pickwick, has removed to Minneiska.

MISSOURI.—Dr. H. F. Jennings, of St. Joseph, died recently.—*St. Louis.*—Dr. E. Park died August 12.

NEW HAMPSHIRE.—Dr. J. H. Urich has located at Rochester.—Dr. D. T. P. Chamberlain, of Dover, died August 22.—Dr. E. E. Graves has located in Sanders block, Dover, and Dr. E. D. Hogsdon, of New Hampton, in Manchester.—Dr. C. H. Fish, of Manchester, died August 22.

NEW JERSEY.—Dr. F. Haines has located at Pemberton.—Dr. Ellen B. Smith has located at Salem.—Dr. M. L. King, of East Orange, has been appointed New York Life Insurance examiner.—*Newark.*—Dr. W. W. Pindell died August 5. He attended John Brown at the time of his capture, and revealed his identity to the commanding officer.—Dr. W. A. Smith died August 4 at the age of 72.—Dr. A. S. Titsworth, of Newmarket, died recently.—Governor Abbett has reappointed to the Board of State Medical Examiners Drs. William P. Watson, Jersey City; Eugene Tiersley, Orange; William L. Newell, Millville.—Dr. M. Jenkins, of Millville, married Miss A. Carslake.

NEW YORK.—Dr. J. H. Voak, of Canandaigua, died recently.—The state home for feeble-minded girls is overcrowded and a new one is imperatively needed.—Dr. Mary V. Lee, of Rochester normal school died recently. She graduated from Ann Arbor twenty years ago.—Dr. G. H. Preston, of Elmira, has just lost a patient after nitrous oxide anæsthesia, the first in 2,000.—Dr. W. L. Sibley succeeds Dr. J. J. A. Burke as Rochester health officer.—Dr. Zina Catton, of Cambridge, died August 8 at the age of 71.—Dr. L. Moore, of Ballston, died recently at the age of 84 after sixty-three years practice.—Dr. A. C. von Buescher has been appointed Jamaica (L. I.) health officer.—Dr. H. Wrayne, of Buffalo, has removed to Lockport, Dr. Stanton, of Sandusky, to Varysburg, and Dr. Sharp, of Varysburg, to Attica.—Dr. F. K. Armstrong, of Eden, recently married Miss E. Miller.—*Brooklyn.*—Dr. W. E. Sylvester succeeds Dr. Fleming resigned as superintendent of the Kings county insane-hospital.—Drs. C. S. Collins, H: C. Meyers and E. Williamson have had a death from ether. —Dr. Jamison recently removed six screw worms from the ear of a twenty-year-old boy.—*New York City.*—Dr. Benjamin W. McCready died August 9 at the age of 78.—"Dr." Theiss an "anarchistic" ex-tailor has been practicing Baunscheidtism. He uses a long circular tube. It moves three needles

in such a manner, that when it rests on the flesh, the needles can, at the will of the operator, be driven into the skin to the depth of an eighth of an inch. With these instruments Theiss punctured one patient's skin 14,000 times, and then rubbed in croton oil. The patient underwent this torture on Theiss's promise to cure his blindness. The New York County Medical Society has just had him fined.—Dr. C. O. Taylor died August 18.

NORTH CAROLINA.—Dr. T. F. Wood, editor of the "North Carolina Medical Journal," died August 22, from the secondary consequence of aneurism of the aorta.

OHIO.—Dr. T. J. Livers, of Tiffin, died August 10.—Dr. J. B. McKinley, of Morgan, has been appointed B. & O. surgeon.—Dr. H. M. Page, of Warren, recently married Miss A. L. Zollars.—*Cincinnati*—Dr. B. B. Kellar died recently.—A case of feigned tetanus has been detected in the city. The feigner seems to be able voluntarily to throw his muscles into tetaniform states. He has fooled many hospitals and blackmailed several under the pretense of being robbed. He has been the subject of dozens of sympathetically sensational write-ups.

OREGON.—Dr. E. Smith, of Maclay, died recently, at the age of 88.

PENNSYLVANIA.—Dr. W. D. Robinson formerly of the Eastern penitentiary has analyzed 15,005 convictions made during the last sixty years. He claims "that the sentences to the penitentiary may be taken as fairly representative of the total amount of crime prevailing in the entire district from which it receives prisoners, and that the extent of territory and period of time covered by the calculation make the deductions a fair index of the criminal phenomena of the whole country." He believes in "reformations" in the sense of abandonment of the criminal habit. "The demonstration," is simple. In any general community 16 per cent of the individuals are from 20 to 25 years of age, and this class furnishes 29.32 per cent of all penitentiary grade convicts. That is, less than one-sixth of the general population are responsible for nearly one-third of all the penitentiary convicts nearly double an average proportion." Men of 60 are about eight times as trustworthy as men of 25, or, to put it in another way, of eight men who are criminals at 25 seven will be law-abiding citizens at 60. A terror of the law has brought about the reformation in most cases. Arson is the most frequent of crimes, and generally committed during youth. Between the ages of 20 and 25 crimes reach maximum frequency, the total convictions running up to 29 32 per cent and being 16 per cent of the criminal community. Embezzlement, however, is not in the maximum class during the period. Between 25 and 30 there is observed a slight improvement in the morals of the human animal. Between 30 and 35 crimes becomes less common. Forgery is now the favorite crime. During the next five years the improvement is even more marked. Embezzlement and counterfeiting are the notable crimes. Between 40 and 45 embezzlement reaches its maximum. After middle age the percentage of crimes declines sharply. Manslaughter, counterfeiting, and crimes of a sensual character are the offenses of this period. Personal assaults, including assault and battery in all forms, mayhem, poisoning, and sensual crimes are steadily on the increase, and forgery and counterfeiting on the decline.—Dr. J. Deaver, of York, died August 1.—*Hazleton.*—One hundred miners at the Humboldt mines have instituted suits for moneys taken by the company for physicians' fees according to an old custom. An effort is being made by the men to break up the practice. The physicians furnished by the company, are as the MEDICAL STANDARD (Vol. II) pointed out, of very low professional standing and are intended for "experts" in emergency.—Dr. C. H. Richards has located at Wilkesbarre.—Dr. S. L. Diven, Carlisle, recently removed a large-sized needle from the shoulder of a three-year old child of Carlisle.—Dr. W. O. Davies has located at Wilkesbarre.—*Philadelphia.*—Dr. C. E. Sajous has been decorated by President Carnot for medical services to the local French colony.

SOUTH CAROLINA.—Dr. F. M. Robinson, of Charleston, died recently at the age of 85.—Dr. J. W. Babcock, of Columbia, married Miss K. Guion August 18.—Dr. S. D. Lazarus, of Charleston, died recently.—Dr. A. L. Gaubert has located at Columbia.

TENNESSEE.—Dr. W. A. Rodgers, of Graveston died recently.—Dr. J. S. Stewart, of Knoxville died August 6.

VIRGINIA.—Dr. F. P. Webster, of Portsmouth, has removed to Norfolk.—Dr. W. A. Strother died August 1.—*Richmond.*—Four members of one family were found dead without known cause. Dr. W. H. Taylor concluded that they were struck by lightning, giving the following reasons: It has frequently occurred that when lightning has struck houses it has rendered steel and hard iron articles magnetic, so he made appropriate tests, and found the steel springs on which the four bodies were lying, the heater and the hinges on one of the windows, all decidedly magnetic. Now, some of these articles may have become magnetized from some source other than lightning, but it is almost conclusive that the heater was magnetized by the lightning. In the manufacture of articles it is probable that they may become magnetized, a electric motors are used in many manufacturing establishments; but were the heater magnetized during its manufacture, its usage would soon have destroyed the magnetism.

WISCONSIN.—Dr. J. H. Conway, of L. I. city, N. Y., has removed to Reedsburg.—*Milwaukee.*—Dr. E. Chase died August 22 and Dr. F. C. John August 27.—Dr. T. D. Earl, of Lake Mills, died August 27.

FOREIGN.

GREAT BRITAIN.—Glanders is epidemic in London among stablemen.—The British Medical Association is about to erect a permanent home in London.—Sir Lyon Playfair, the chemist, has been raised to the peerage.—Lister has practically approximated Tait's position about antisepsis.

IRELAND.—Miss Winifred Dickson stands at the head of the honor list of both the Dublin Royal Colleges of Physicians, and of Surgeons.—Dr. Wallace Beatty of Dublin has cured myxœdema by thyroidectomy and injection of ovine thyroid-gland juice.

JAPAN will celebrate the vaccination centenary by the erection of a monument to Jenner.

RUSSIA.—Kennan states that a physician must get permission from the police before he can practice his profession, and then, if he does not wish to respond to night calls, he must have permission to refuse to go; furthermore, if he wishes to prescribe what are known in Russia as "powerfully acting" medicines, he must have special permission or the druggists will not dare fill the prescriptions. Chemists and apothecaries, both in the cities and in the provinces, are furnished by the police with a complete list of names of all physicians who have the right to prescribe "powerfully acting" medicines, such as anæsthetics, narcotics and poisons. If a doctor's name is not on this list the chemists dare not fill his prescription for any drug that might be used by a "terrorist" for the attainment of illegal ends. Quacks, however, as shown in the Gatchkowsky case, can sell patent medicines with impunity.

FRANCE.—Eight and one-half per cent of the registered and 43 per cent of the unregistered Paris prostitutes suffer from venereal disease.—The lawyers of the Paris Court of Appeals have decided that a professional man, to whom is confided a secret, and who is relieved of his obligation by the party confiding it, may testify thereanent.

INDIA.—A number of Indian physicians have appeared in print to claim that the evils of the opium habit have been much overestimated.

GERMANY.—The German Surgical Congress at Berlin lately discussed the working of the army ambulance corps. Langenbuch advocated the early closure of wounds by ambulance bearers, on the ground that prompt attention would result in bringing the wounded into hospital with a portion at least of their injuries in an aseptic condition, and therefore healing by first intention would be better attained. An opposite view was taken by Esmarch, Trendelenburg, Konig, and Thiersch, who did not think that the materials used by the Red Cross men would be aseptic, to say nothing of the state of cleanliness of their hands. Thiersch concluded: "We will keep the wound open and close the discussion."—An agent in southwestern Africa has written an account to Berlin of the present condition of quackery in that region. A year ago a foreigner went through the country carrying on his back a bag filled with plasters, wafers, and different concoctions, which he made out of anything that came at hand, and replenished as they became exhausted. He advertised himself as much as possible, and received a most enthusiastic welcome from the natives. He remained only two or three weeks in one place, and took payment in cattle, which he drove with him from place to place. When he reappeared upon the coast he had a herd of about a thousand cattle. The German agent writes that the natives, after he had left the country, found out that they had been swindled, and that it would not now be safe for any dealer in medicines to travel through the district.

THE AMERICAN ASSOCIATION OF OBSTETRICIANS and Gynæcologists will hold its fifth annual meeting at the Lindell hotel, St. Louis, Tuesday, Wednesday and Thursday, September 20, 21, and 22, 1892. The president, Dr. A. Vander Veer, of Albany, N. Y., wishes it understood that all members of the medical profession interested in the subjects discussed, or who are friends of the association, even though not especially interested in its branch of work, are most cordially invited to attend the several sessions. The Lindell hotel will be the headquarters of the association during the meeting, and has a convention hall which will provide ample accommodations for its sessions.

WILLIAM WARREN POTTER, Secretary.
BUFFALO, N. Y.

THE AMERICAN GENITO-URINARY SURGICAL ASSOCIATION elected Dr. E. R. Palmer, of Louisville, president; Dr. L. B. Bangs, of New York, vice-president; Dr. J. H. Fordyce, of New York, secretary: Dr. J. P. Bryson, of St. Louis, councillor, and Dr. R. W. Taylor delegate to the Congress of Physicians.

THE AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION will meet in New York, October 4.

H. R. BIGELOW, Secretary.
PHILADELPHIA.

THE AMERICAN PUBLIC HEALTH ASSOCIATION will meet in the City of Mexico, Mexico, November 29, 1892.

CATHELL'S "PHYSICIAN HIMSELF" has reached its tenth edition.

TUKE'S PSYCHOLOGICAL DICTIONARY will be issued in America by Blakiston & Co.

THE MEDICAL STANDARD.

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NUMBER 4.

OCTOBER, 1892.

CHICAGO:
G. P. ENGELHARD & CO.

SALOPHEN.*

BY PAUL GUTTMANN, M. D., BERLIN, GER.

Salophen occurs in the form of white crystalline scales, which are almost insoluble in water, but freely soluble in alcohol and ether, and devoid of taste and odor, and contain 51 per cent of salicylic acid.

If dissolved in soda lye and heated up to the boiling point salophen splits into soda salicylate and acetylparamidophenol, the fluid assuming a violet or blue color. Both components can be readily demonstrated—salicylic acid by adding hydrochloric acid in excess to an alkaline solution of salophen, thus causing a separation of crystals which are directly obtained by filtration and assume a blue or violet color on addition of ferric chloride. This test can be more simply and rapidly made by adding ether (in which the crystals dissolve), then pouring off and evaporating the ether in a watch glass; the crystals remain behind and reveal themselves as salicylic acid by giving a blue color with ferric chloride. The second component, acetylparamidophenol, may be demonstrated in the filtered fluid remaining after the separation of the salicylic acid crystals, by again rendering the filtrate alkaline and concentrating it by boiling; the acetylparamidophenol then crystallizes in rhombic plates. In acid solution its presence is indicated by a red color. This separation also occurs in the organism, for both salicylic acid and acetylparamidophenol can be detected in the urine. On the ground of the chemical composition of salophen, and the formation of salicylic acid by its disintegration, it was fair to assume that this substance would possess therapeutic properties.

Experiments on animals have shown that salophen in medium doses, about 0.4 gram for every kilogram of the animal, is well borne. By reason of these investigations it was to be expected a priori that a daily quantity of several grams could be administered to an adult man without ill effects. Notwithstanding this I began in my first experiments with very small doses, gradually increasing these, and found that 6 grams per day and even 8 grams were tolerated without the least trouble.

Subsequently, at every new therapeutic trial, I gave from the first 3 to 4 grams of the remedy pro die and 5 to 6 grams during the following days. The chemical constitution of salophen, as previously given, and its splitting up in the system into soda salicylate, and acetylparamidophenol led me to test the therapeutic properties of salophen in those diseases where experience has shown that salicylic acid and its preparations are most effective. I therefore tried salophen first in acute articular rheumatism. Observation showed that the remedy in doses of 4 to 6 grams pro die exerted an undoubtedly favorable effect upon the symptoms of this disease, especially in recent cases. The pain in the joints was already reduced on the following day, and diminished more and more when the remedy was continued. The swelling of the joints also subsided and their mobility was gradually restored. To give a better idea of this favorable effect and of the rapid subsidence of the disease phenomena I will sketch, in a few words, four histories taken from my case book.

I. Man, forty-one-years-old (butcher), has suffered for several days from severe acute articular rheumatism in the left wrist, right knee and shoulder joint, with redness, swelling and fever. Under exclusive salophen treatment the swelling of the joints and pain had disappeared seven days after admission to the hospital; eighteen days after admission the patient was discharged cured.

II. Man, thirty-two-years-old, laborer, had suffered for three days from acute rheumatism of both ankle joints and the left knee joint, with redness, swelling and violent pain, and fever. Under salophen treatment at the hospital considerable improvement within two days; disappearance of fever, diminution of the swelling and pains. After nine days' residence in hospital patient was discharged cured.

III. Girl, fourteen-years-old, had suffered for two days from rheumatism of both shoulder and wrist joints, with pain and swelling. Considerable improvement two days after admission to

*Read before the Berlin Medical Society.

the hospital under salophen treatment; two days later the pain had disappeared, and ten days after admission patient was discharged cured.

IV. Boy nine years old, brother of patient mentioned in case III. Since two days, acute articular rheumatism in both shoulder and wrist joints, with pain and swelling. Two days after admission to the hospital subsidence of swelling under salophen treatment; only slight pain present. After ten days' stay in the hospital patient discharged cured. Of course, the progress of the disease is not always as favorable and rapid under salophen treatment as in the four abovementioned cases. It is a well-known fact that applies to every remedy recommended for acute articular rheumatism, and even to the preparations of salicylic acid which head the list of remedies for the treatment of this disease, that in some cases of acute articular rheumatism treated with salicylic acid the symptoms subside considerably after a few days, while other cases are obstinate, and the symptoms do not disappear until after several weeks or even later. It is also known that not one of the numerous remedies recommended for acute articular rheumatism is capable of preventing the invasion of new joints during the course of treatment, or recurrences in joints which are already in a condition of improvement. In some cases of acute articular rheumatism that I have observed, salophen, like salicylic acid, has not exhibited its therapeutic effects.

Another interesting fact was to determine whether salophen possessed antipyretic properties. The result of the observations showed that salophen moderates febrile temperatures, but only to a slight extent and only for a short time. In high continuous fever (typhus) the reduction of temperature after a total dose of 5 to 6 grams, given within three to four hours, amounted to from $1\frac{4}{5}°$ to $2\frac{1}{2}°$, and this lasted for a very short time; the temperature rising rapidly, and, after a few hours, reaching its former height. In slight and not continuous fever, which is known to be less resistant to antipyretics than the high, continuous fever of acute diseases, a moderate reduction of temperature could be obtained from somewhat smaller doses, 3 to 4 grams. As regards salophen, therefore, the experience holds good which is made daily with respect to the therapeutic properties of the various anti-rheumatic remedies, namely, that the strength of the anti-rheumatic effect of the various drugs employed in articular rheumatism (salicylic acid, antipyrin, acetanilid, phenacetin, salol, salipyrin, etc.) does not bear a definite relationship to the antifebrile effect. The antifebrile action of salicylic acid, for example, is much slighter than that of acetanilid; its rheumatic effect, however, much stronger.

The action of salophen in chronic articular rheumatism is much less favorable than in the acute form. This also conforms to the experience gained with respect to all anti-rheumatic remedies in chronic rheumatism. This affection is more obstinate to the above named drugs; it lasts weeks, months and even a longer time, periods of improvement alternating with exacerbations. There are the cases in which during the long courses of treatment almost all remedies are tried, because none of them has a distinct and lasting effect. The same applies to salophen. Seven cases of chronic articular rheumatism were treated with it. The dosage varied from 4 to 6 grams per day, on some days 7 to 8 grams. The result was: in four cases no improvement, in two improvement, in one case an apparent cure although the statements of the patient, a hysterical female, could not be relied upon.

Three cases of cystitis were also treated with salophen with the idea that the salicylate of soda disengaged by the splitting up of salophen might exert a disinfectant effect upon the urinary passage. A successful result, however, was not obtained; in one case, indeed, improvement was effected, but this must be ascribed to the vesical irrigation employed at the same time.

It has already been mentioned that salicylic acid and acetylparamidophenol appear in the urine. The demonstration of a salicylic acid in the urine is made by adding sulphuric acid (in order to disengage it from its combinations) then adding ether, and pouring off and evaporating the liquid in a watch glass. The crystals of salicylic acid remain behind, which are characterized by a violet blue reaction with iron chloride. If large quantities of salicylic acid are present in the urine it may be detected simply by adding iron chloride when a blue color is developed. The test for acetylparamidophenol is made in the following manner: Boil the urine with hydrochloric acid, then cool, add carbolic acid and then ammonia in excess; this is followed by a bluish coloration of the urine (indophenol reaction).

Two cases of sciatica were treated with salophen, and some relief of the disturbances was observed. The remedy was also employed for a short time in two cases of neuralgia of the trigeminus, in one for eleven days; in the latter salophen exerted a favorable effect, while in the other case this was absent.

When this new substance has gained a place in therapeutics, other indications will probably arise for its application. This conclusion seems

warranted on the ground of what experience has shown in the case of many other remedies. It may be permitted me to recall the fact that when antipyrin was introduced into therapeutics by Filehne and myself, it was at first the anti-febrile effect which was recognized and published by us. Later its anti-rheumatic and anti-neuralgic action was demonstrated, and thereby its range of application was greatly enlarged. Last year I presented a communication regarding the therapeutic action of a new chemical combination, salipyrin; and now this substance is recommended as an efficient remedy for the influenza.

It was only gradually that salicylic acid came into extensive use; it was already prepared in 1860. During the following years its antiseptic properties became known; but not until 1875 were its antipyretic and then its anti-rheumatic effects recognized. The latter, which were published at the beginning of 1876 have been permanently demonstrated. These examples can be easily augmented from the literature of pharmacology.

To give in brief the results of my observations concerning the action of salophen, I would say that this drug is a useful remedy in the treatment of acute articular rheumatism and other rheumatic affections. To obtain the anti-rheumatic effect the dose must amount to at least 4 grams per diem, and may with advantage be increased to 6 grams. These doses must be continued daily until subsidence of the symptoms, and may then be somewhat reduced. The remedy, when administered in daily doses of 4 to 6 grams, or even more, is entirely free from after effects.

THERE are numerous researches which seem to establish it as a fact that if the infectious diseases constitute a source of danger to the child in utero, it is not by reason of their own special action on the fœtus, but by the profound changes they induce in the tissues of the mother and their interference with her organic functions. Abortions are noticeable in all varieties of the infectious diseases, but they are not the rule. The proportion varies according to the type of the disease, the character of the epidemic, and, as in typhoid fever, the mode of treatment. According to Runge ("N. Y. Med. Jour.") the abortions due to the existence of infectious diseases in the mother come under two great categories. The first is that in which the death of the child precedes its expulsion, and is itself the cause of the same. Runge believes that death of the fœtus is due to one of four causes. First: Elevation of temperature. His results accord with those of Kaminski in showing that extreme and prolonged elevation of temperature is one of the most frequent causes of fœtal death in the infectious diseases. A temperature of 107°F. is absolute death to the fœtus, and from the time the temperature of the mother rises to 104° the danger of fœtal death increases. Death is often due to difficulty in the placental respiration. Death of the fœtus is often observed in consequence of maternal cardiopathies. Death from the transmission of infection from the mother: The possibility of this transmission has been satisfactorily established, especially as regards variola; it is not certain death to the fœtus and is not frequent. Fortual has noticed this phenomenon in scarlatina, Thomas in measles, and Duchek in malaria. The death of the fœtus is sometimes due to anatomical changes in the placenta. Slavjanski has found that in cholera there is an alteration of the epithelium of the placental villosities which leads to the death of the fœtus. In the second category of Runge the child is expelled alive. In this case the causes which act on the uterus are the elevation of temperature and the modifications in the quantity and quality of the blood. As to hæmorrhage, which generally plays such an important role in the ætiology of abortion consecutive to infectious diseases, it is not satisfactorily settled whether it be the cause or the first effect of the abortion. In typhoid fever it is generally wanting when the pregnancy is more than half completed. From a therapeutical point of view the rise of temperature should be combatted, the cardiac and respiratory functions stimulated. In the present state of knowledge Porok's conclusions respecting fœtal therapeutics must be regarded as premature.

CARCINOMA ORGANISM QUESTION.—Dr. Ohlmacher concludes ("Chicago Med. Rec."): That the microbic theory of the origin of cancer is wholly unsupported by experimental evidence. That a characteristic and pathogenic animal micro-organism has not yet been found. That inoculation and cultivation experiments have thus far been negative. That most of the peculiar inclusions of carcinoma are the results of cell degeneration or cell metamorphosis, and are not characteristic of carcinoma. That the hyperchromatosis and fertilization theories of Klebs and Macallum are too full of speculation to explain all the facts.

INTRA-PERITONEAL BLADDER RUPTURE.*

BY LUDVIG HEKTOEN, M. D., CHICAGO.

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The patient a thirty-five-year-old married woman commenced to suffer from severe pain in the head, June 11, 1892. During the afternoon she had a severe fainting spell; at about this time she was attacked by her husband, who was furiously drunk; he kicked her in the abdomen and hit her over the head with the broom. June 14th she was seen by Dr. F. A. Maguy, who found her suffering with severe headache and unable to answer any questions. The following night she walked about her room screaming, and on the 20th she died without known development of new symptoms.

The autopsy made twenty hours after death failed to show any external marks of violence whatsoever. The abdominal cavity contained three and one-half quarts of clear, limpid fluid with a urinous odor; the peritoneum was smooth and shining and there was no peritonitis at all; in the posterior wall of the urinary bladder, near the fundus, was a transverse tear one and a-half inches long, with ragged margins, which were free from any signs of inflammation, and showing on the mucous surface a few superficial continuations at the end of the total tear. The bladder was empty, the mucous membrane smooth, the walls apparently thin. The uterus contained three subserous fibro-myomata, the largest of a diameter of four inches, the pelvis being filled up. The heart, lungs, kidneys, liver and spleen did not show anything meriting description in connection with this. The left frontal lobe of the brain contained a blood clot as large as a hen's egg, the cavity in which it was situated being lined with softened, yellowish detritus, the pia mater in the longitudinal fissure being infiltrated with blood. Otherwise the brain was healthy.

The specimen shows that what seems to be traumatic bladder rupture may occur like visceral rupture without external sign of traumatism. There was present in the abdominal cavity three and a-half quarts of urine without any inflammation. The presence of a fibromyomatous uterus filling the pelvis, undoubtedly favored the occurrence of the rupture, because it presented a resisting, firm body against which the bladder would be forced. The presence of a cerebral hæmorrhage and a rupture of the bladder, with extravasation of urine into the abdomen, the absence of external marks of violence, the very imperfect clinical history, makes this case an interesting one, as well as a difficult one to unravel, from a medico-legal standpoint.

*Chicago Pathological Society Trans. Cond.

TREPHINING.—Dr. E. Lanphear ("Kansas Medical Index,") lays down the following rules for trephining in skull injury: All cases of depressed fracture, either simple or compound, require trephining and elevation, whether there be pressure symptoms or not. All punctured fractures and gun-shot wounds imperatively indicate the use of the trephine. In simple fracture of the skull where any symptoms of brain trouble persist exploratory operation should be done. In all cases of local injury to the skull, whether fracture or bruise, followed by evidence of inflammation of bone or persistent symptoms of brain irritation, or of pus between the bone and dura, the trephine should be resorted to. In every case of localized injury to the head where unconsciousness persists for more than an hour, exploratory operation, including opening the skull if necessary, should be done. The appearance of stupor some hours after a head injury indicates meningeal hæmorrhage and requires trephining at the point of injury if known, or at point indicated by cerebral localization; the middle meningeal being the usual source of trouble. Even in very extensive injury to the head operation should be made, since removal of débris, restoration of normal contour and cleaning of injured tissues can add but little to the danger and may save life. In every case of doubt exploratory operation is justifiable. Compound fractures, with or without apparent depression, demand enlargement of the wound and careful exploration.

ANAPHRODISIAC EFFECTS OF COCAINE.—Dr. C. L. Gregory ("Amer. Therapeutist") reports a number of cases in which anaphrodisia followed nasal mucous membrane cocaine applications. Over stimulation has often had the same effect as inhibition.

CALCULUS IN THE GENITO-URINARY PASSAGES.*

BY J. D. THOMAS, M. D., PITTSBURG.

The first case was one of long standing. The patient complained of urinary trouble for three or four years. It was suspected that he had a calculus in his bladder. Yet his bladder had been examined by very capable gentlemen several times, and they never were able to detect a calculus in it. I examined him three or four times, but could never detect anything in the bladder. In addition to bladder trouble he complained of his right side, and finally this trouble annoyed him more than anything else. Not being able to discover anything in the bladder, I suspected that it existed in the right kidney. At the urgent solicitation of the patient I cut down upon the right kidney about the end of June, and manipulated it thoroughly, but failed to discover any evidence of stone in the kidney. The wound healed finely, without any pus, in three or four weeks. The patient complained afterwards of trouble in his urinary apparatus. Dr. Martin sounded him with a searcher and discovered a stone in the bladder, and the result was an extracted stone. The question arises whether manipulation dislodged it from the kidney pelvis or whether the calculus was in the bladder all this time. Dr. Banks, of New York, discovered a calculus in the bladder, though the patient had been examined three or four times by very able men in New York City, who had failed to discover it, and he claims if the calculus cannot be found the better plan is to put the patient in bed, and very often a stone can be discovered where it could not without this preparatory treatment. The peculiarity of this case, as well as the case following it, is that the patient should go around so long without the discovery of so large a stone. This stone weighs more than nineteen drams.

The second case was sent to the South Side hospital. He had been suffering for three years with urinary troubles, and in the meantime he had acquired a gonorrhœa. This patient was treated by six or seven physicians. He had had no control of the sphincter for a long time; about every half minute he would eject what urine was in the bladder. I expected from his statement that I would find a very tight stricture. I first passed in the searcher and found an oxalic acid calculus. It was removed on July 7th. The patient had been suffering for fifteen years, and it was never discovered until he came to the city. The reason for performing lithotomy instead of litholapaxy was the bladder was inflamed and contracted, and by this operation perfect drainage could be secured, the bladder get a long rest, and in that way recover. The first patient left the hospital in twenty-one days, while the second one expects to leave soon. Both have made a wonderful recovery. The second patient's temperature went up to 106° on the second day, then it gradually went down, and in four days was about normal, and remained so since. These cases went on for a long time; if they had been discovered earlier the calculi might have been removed without much trouble. This smaller one weighs a little more than six drams. I could use the cystoscope and pass it all around his bladder, yet I failed to discover any thing in the bladder with that, or by the use of a searcher, and it seems strange to me if it was in the bladder that it could not be found.

*Allegheny Co. Med. Soc. Trans. Cond.

FOREIGN BODIES OF THE HEART.—The "Medical Record" states that a man recently died in Brooklyn from skull fracture in whose heart-wall a steel hat-pin one and a half inches long was found. The wound of introduction had long scarred over. Dr. A. S. Allen, of Berea, Ohio, reports ("Eclectic Med. Jour.") the case of a woman who in the fall of 1891 was subject to dyspnœa. The heart's action was decidedly irregular. There were pulmonary symptoms of undecided character. On autopsy the pericardium was found to be enlarged and to contain several ounces of fluid. The pericardium was adherent to the æsophagus by a fibrous band. The left auricle was enlarged to thrice its usual size and contained a solid body. This was a burdock burr imbedded in the auricular wall just beneath the arch of the aorta which was enlarged and softened. Within the auricle opposite to that in which the burr was lodged was a fibrinous clot.

CORALLORRHIZA ODONTORHIZA IN GOITRE.—Dr. W. Felter states that half dram doses of the tincture of coral root thrice daily have been of benefit in goitre and resultant bronchial irritation.

SULPHURIC ACID AS A PROPHYLACTIC AGAINST CHOLERA.

BY FRANK W. REILLY, M. D., SPRINGFIELD, ILL.

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In 1875 I was detailed as surgeon M. H. S. by Dr. Woodworth to report on the cholera epidemic of that year. After careful analysis of the facts anent the epidemic Dr. Ely McClellan, U. S. A., and myself decided to embody in our report certain recommendations anent the prophylaxis of the disease.

Soon after beginning my researches I learned that Dr. Curtin, resident physician of the Philadelphia Hospital Insane Department, had had an extended experience with the disease therein. During the epidemic of 1866 it had been introduced into the almshouse and hospital, but extirpated from all but three of the seven female wards. Every possible means of eradicating the disease from these wards had been tried, but without effect. New cases continued to develop. Dr. Curtin's attention was at length called by Dr. J. F. Wilson to the fact that the use of sulphuric acid in a lead manufactory as a prophylactic against lead poisoning had served to protect the workmen against cholera.

Dr. Curtin, on the afternoon, of August 25th, began the administration of sulphuric acid lemonade to the inmates of his infected wards, and it was continued without intermission until August 31. After twelve hours from the time when the acid was first given only one case occurred, and that in the person of one of the insane patients who refused to swallow the mixture. The acid was discontinued on the 31st of August, and 48 hours later two new cases occurred, both of which proved fatal. The use of the prophylactic was then resumed and continued until the close of the epidemic, and no new cases occurred among the inmates, although cholera patients continued to be admitted from the city until the first of November. A similar result was obtained in the surgical wards of the hospital under Dr. Wilson, at least to this extent, that while cholera visited every other department of the almshouse and hospital, the surgical department, in which the acid prophylactic was used, escaped without a single case.

The experience of Drs. Wilson and Curtin led me to search through the library of the Surgeon-General at Washington and elsewhere for similar data, and cholera literature, from the year 1814 down to the date of research, was found to abound in proofs of the efficacy of sulphuric acid, not alone as a preventive of Asiatic cholera, but as a useful agent in its treatment. It was also found that sulphuric acid gas, given off in certain manufactures and industrial processes, insured immunity from cholera among those subjected to it.

Dr. Burq found that artisans in copper, brass and bronze were remarkably exempt from cholera during epidemics, and specifically attributed their exemption to the sulphurous acid fume given off from these metals. Those employed in mining sulphurets of iron and copper, and persons living near gas works where sulphur coals were used. and in other localities where sulphurous acid gas abounded, either wholly escaped or were only slightly affected during cholera epidemics. Many striking illustrations were met with in this study; as, for example, in the case of the two towns in Sweden, situated only twenty miles apart. One of these is engaged in the lumber industry and the other in mining and roasting sulphur-iron ores. In the latter town the air is so densely impregnated with sulphurous acid gas that the inhabitants suffer much discomfort, and consequently affections of the eyes and air passages are common. In 1834, in 1850, in 1857, and again in 1866 the disease prevailed as an epidemic in the lumber town, while not a single case occurred among the inhabitants of the mining town, although numbers of refugees from the former fled to the latter, many of them already suffering from the disease. He based thereon the following generalizations: Favorable conditions for the growth of cholera poisons are found (1) in ordinary potable water containing nitrogenous organic impurities, alkaline carbonates, etc.; (2) in decomposing animal and vegetable matter possessing an alkaline reaction; (3) in the alkaline contents of the intestinal portion of the alimentary canal. The poison is destroyed naturally either by the process of growth or by contact with acids; (1) those contained in water or soil; (2) acid gases in the atmosphere; (3) the acid secretion of the stomach. It may also be destroyed artificially (1) by treating the cholera ejections, or material containing them, with acids; (2) by such acid (gaseous) treatment of contaminated atmosphere; (3) by establishing an acid diathesis of the system in one who has received the poison.

My investigations and the report based upon them were made in 1874. At that time, although the microbic origin of the disease was suspected, it had not yet been determined. But in 1883, nine years later, Dr. Robert Koch, then director of the Pathological Laboratory of the Imperial Board of Health in Berlin, succeeded in identifying the comma bacillus, which is now regarded as the infecting agent and cause of Asiatic cholera; and its life history and conditions are entirely in accordance with the generalizations as to the action of acids and alkalies, set forth in the report made in 1874.

The most exhaustive American work yet published on Asiatic cholera is the report on "Cholera in Europe and India," by Edward O. Shakspeare, of Philadelphia, who was appointed United States Commissioner in 1885 to study the disease in Spain and elsewhere in Europe. It was not completed until 1890, and contains substantially all the latent developments in the study of the disease since Koch's discovery. It contains the records of numerous experiments in which the destructive action of acids on the comma bacillus, and of its rapid development in alkaline moisture, have been demonstrated.

The generalizations of 1874 are everywhere sustained in Shakspeare's report. Thus, on page 455, he quotes from Koch's paper read at the Cholera Conference, held at Berlin in July, 1884: "In the cultivation experiments it was further found that the nourishing material, at least the nutrient jelly and the meat infusion, should not be in the least acid; as soon as the nutrient jelly showed the slightest trace of an acid reaction the growth of the comma bacilli become very much diminished; did the reaction become clearly acid, then the development completely stopped." W. Watson Sheyne's report on the comma bacillus, made to the British Medical Association, in 1885, says that "Macnamara states, as the result of his precise observations, that the dilute acids, the gastric juice for example, kill the virus of cholera; gastric juice, as we have seen, kills the comma bacillus very rapidly." Dr. Koch, at the second Cholera Conference at Berlin, detailed his experiments with the lower animals, and, speaking of those with guinea pigs, he says: "The gastric contents are strongly acid; the mucus-like contents of the small intestine alkaline, while the contents of the caecum, which is very large in these animals, have again a markedly acid reaction. So that it is only in the small intestines that an opportunity is offered for the comma bacilli to grow and multiply," thus confirming the generalization made in 1874 above quoted, to-wit: "Favorable conditions for the growth of the poisons are found .....(3) in the alkaline contents of the intestinal portion of the alimentary canal."

But Koch has still more strongly corroborated the second generalization: "The poison is destroyed naturally either by the process of growth or by contact with acids (3) the acid secretion of the stomach;" the latter is not constantly filled with strongly acid masses of food, but very often its contents have a neutral or even alkaline reaction; and during this condition cholera bacilli might pass through the stomach and develop their poison in the small intestines. On page 532 he says: "A healthy stomach most probably destroys the bacilli during the digestion, and therefore it is not to be expected that if cholera bacilli are introduced into the human stomach an infection must result in every case."

To sum up, the use of dilute sulphuric acid during exposure to Asiatic cholera is a certain means of prevention. Disinfection with sulphuric acid and sulphurous acid gas may be relied upon absolutely to destroy the cholera poison in the dejecta of patients, in their soiled bedding and personal effects and in cholera-infected rooms.

For internal use as a preventive, the acid may be taken in the form of lemonade in the proportion of twenty drops of dilute sulphuric acid to not less than four ounces of lemonade; or thirty drops of aromatic acid may be substituted for the dilute acid.

CONGENITAL ABSENCE OF THE PENIS.—Albert reports the case of a 38-year-old man under treatment for an internal disease. The testes were normal, the spermatic cords could be followed up to the inguinal canal, the urethra opened into the anterior wall of the rectum. Irritation of the urine caused frequent burning sensations in the bowel. In other respects the patient was normal, and of masculine appearance. At times ("St. Louis Med. and Surg. Jour.") he experienced sexual excitement, followed by a tickling sensation in the rectum, accompanied by ejaculatio seminis.

SYPHILIS AND MARRIAGE.—The Court of Appeals of Kentucky has recently decided that syphilis, pleaded in answer to an action to recover damages for breach of promise of marriage, is a complete defense, following the decision of the Supreme Court of North Carolina, in which the same defense was interposed and sustained in a similar action.

BONE-GRAFTING.*

BY J. J. BUCHANAN, M. D., PITTSBURG.

The following case of an eleven-year-old boy illustrates some aspects of bone-grafting. He came to this country a year ago last December. Previous to that time he had been perfectly healthy. Before he came on board ship he is said to have struck his foot or the lower part of his leg, and received a very trifling injury. After arriving on the ship he was taken with a high fever and great pain in the leg from the ankle to the knee. Expectant treatment was adopted, and when he arrived in Pittsburg I was called to see him and found the limb swollen and filled with bloody pus. I made an incision the first evening and liberated an immense discharge of bloody matter, and found the bone affected. I had him removed to Mercy hospital, where I etherized him and made a long incision down over the inner surface of the tibia and found the bone had been the subject evidently of acute osteomyelitis. The entire lower three-fourths of the shaft of the bone was destroyed. I extended my incision from a little below the junction of the upper with the second fourth of the bone down to the ankle-joint and removed the lower three-fourths of the shaft. The loss of the bone was complete. I do not think there was a particle of periosteum left. The shaft of the bone was preserved.

The limb was so useless, having lost three-fourths of the tibia and the corresponding part of the ankle-joint, that I proposed amputation to the family, but they rejected it, and I was very glad to be able to try to graft some bone to take the place of this that had been lost. I disinfected the cavity as thoroughly as I could and packed it with iodoform gauze. The constitutional trouble disappeared at once. I put the limb in plaster-paris and in a few days removed the packing and found healthy granulations springing up throughout the cavity. I then repacked it, and on the sixth or seventh day secured two puppy dogs, chloroformed them to death and removed the long bones. From the neighborhood of the epiphyses, with rongeur forceps I took out pieces about the size of a grain of wheat and planted about fifty of them, along this gutter, just as a person would sod a ditch, placing the periosteum next the granulations. I then put on the dressing, with impervious tissue next the grafts, and did not disturb it for four or five days. When the dressing was removed it was found that nearly all the grafts had taken. They could not be pulled off without considerable force. The granulations soon covered them up and I applied a second lot about a week later, and the boy went on to recovery and has a very useful leg. This was more than a year ago.

I should say that before the boy was out of bed, he commenced to have abscesses on different parts of the body. The first one was over the lower end of the fibula on the other leg and the next over the lower end of the ulna. He then had abscesses in the soft parts of his legs and arms which continued for a year without confining him to the house.

Three weeks ago he sent for me. He had severe pain in the region of the head of his tibia on the same side as the original trouble, and from the considerable amount of fever, the absence of any cause for the symptoms, and also the existence of tenderness over the head of the tibia, I concluded that he had a bone abscess. He was removed to the hospital, where I cut down on the head of the tibia and chiseled open the bone, and found the entire head of the tibia filled with pus.

I scraped this cavity out as thoroughly as possible. I made a liberal opening in the bone, and the entire inside of the head of the tibia was removed. After disinfecting it, I packed it with decalcified bone chips by Senn's method, putting in iodoform powder. The result was that there was no discharge from the head of this tibia whatever. That operation was done 18 days ago: by the old method of treating these cases, we would have had suppuration for a considerable period, but this boy since that time has never had a particle of trouble and no discharge, except lately a certain amount from the superficial granulations. At the time, just as the abscess was opened, I had a culture made of the pus; it proved to be staphylococcus pyogenes aureus.

What caused this abscess in the head of the tibia? Was it of the same nature as the subcutaneous abscesses that he has had at various times during the last year, or had these germs lain dormant in the head of that bone from the time of the first operation; whether this abscess was due to those organisms which

*Allegheny Co. Med. Soc. Trans. Cond.

had set up the original trouble, or whether it was mere accident that he should get this new trouble in the head of that tibia near the old trouble, I am unable to determine. I rather think that the germs were there during the whole year.

This case represents the two methods of bone-grafting, one by the application of living bone direct from an animal and the other by the use of decalcified bone. I expected to have another case to present, but, unfortunately, the boy went out of the hospital recently without my knowledge. In that case also the decalcified bone made a perfect result. The boy was only dressed two or three times during his stay in the hospital, and the case was without any trouble whatever.

With regard to the choice of methods of bone grafting, I should say that if we have a cavity in the bone we ought to take the decalcified bone to fill it. If we have a gap in the bone from which we must take a new start, then we should take the bone with its periosteum in small fragments, from an animal, preferably from a young one. Now, the reason these bones were cut up in very small pieces will, of course, suggest itself, that in case any of these failed to unite it could be removed without any trouble. Fortunately in this case they almost all took hold, although there were seventy-five of them; but I believe if we had put in large pieces portions of some of them would have failed to unite, and the removal of these portions would probably have destroyed the usefulness of what was left behind. For that reason I would always prefer putting in small pieces. I expected to show another case illustrating the grafting of living bone, where three and one-half inches of the lower end of the tibia was removed and one and one-half inch of the fibula. I grafted this case also with the bones of a young puppy. In it I put fifty to seventy grafts, and that case also I considered a case for amputation; but after the man's refusal to be amputated I agreed to try and repair his bone, and the result was very good. When I last saw him, a short time ago in the hospital, he was able to walk on his limb, but the bone was not entirely firm. For a week or ten days after the injury the head of the astragalus was to be seen in the wound.

In the discussion Dr. Thomas said that he had sometimes thought good results could be obtained without periosteum. New bone sometimes resulted where it would seem that the periosteum had all been destroyed. About one and one-half years ago, a case of complicated fracture of the ankle-joint came to the South Side Hospital. The lower section of the tibia had been broken off diagonally about two and one-half inches above the joint. The tibia had been broken off and the lower end of the fibula. A short piece of the lower fragment was imbedded in the fibula, and it was impossible to dislodge it from that position without incising all around it, and taking it out with the forceps. He wanted to amputate the limb, but the patient demurred. No pus appeared in the wound. This bone was regenerated, and the man to-day drives a beer wagon. In that case he thought, and thinks still, that the bone was regenerated without any periosteum. In the first case, if the entire tibia were removed, there was regeneration of bone with the outlines of the tibia, and in a manner cure, but complete cure in this last case had not resulted as yet. In his case Dr. Thomas questioned whether the limb would not better be amputated than as it is. The limb ultimately will probably require amputation. Conservative surgery could be carried too far.

Dr. Duff had observed the case of a twenty-one-year-old lady who in 1876 was attacked by scarlet fever. She suffered a relapse, and one abscess after another formed. He removed eighteen pieces of bone from her humerus and from the spinal processes. Several pieces were removed from the femur. This condition ran on for a long time, when it became evident the tibia would have to be removed, and in the presence of Drs. Duff Sr., Sterling, O'Connor, he removed the shaft of the tibia, removing all the shaft of the bone, and, he thought at the time, all the periosteum. He advised amputation at that time, but counsel thought it best to await results. Within six months there was apparently a complete bony formation in the midst of the tibia. It was very much thicker than the tibia originally, but it was solid. She is a twin, and the two sisters resemble each other very much. She walks by the side of her twin sister to-day, and it is with difficulty the lame one can be distinguished.

Dr. Buchanan cited (in illustration of the growth of bone grafts without periosteum) the case of Dr. Macewen, of Glasgow. The shaft of the humerus was almost entirely gone, and it had been gone for more than a year. The arm was a perfect flail, but, by repeated graftings of bone, the humerus was replaced; the pieces were set into the gap made between the muscles

by dissection; the only guide was the anatomical one of the positions of the muscles. Here several inches of the humerus was gained by bone-grafting, and in this case it is not necessary or not possible to give the original periosteum any credit for the result.

TREATMENT OF CHOLERA.—Dr. George Johnson eulogizes castor oil treatment for the disease ("Hosp. Gaz."). The arguments on which he favors the evacuant treatment and condemns the use of opiates and astringents are certainly plausible. When Koch was carrying out his experiments with the bacillus of cholera, he failed to produce the disease in animals by introducing the cholera bacteria into the stomach unless at the same time he injected into the peritoneal cavity a narcotic dose of tincture of opium, his object being "to render it possible for the comma bacillus to remain longer and gain a footing in the intestine." In this manner he induced fatal cholera in thirty out of thirty-five guinea-pigs experimented upon. The administration of opium in cholera would certainly appear to be imitating on the human subject the experiments which Koch and others have performed on guinea-pigs. It is a matter of common experience that the abrupt arrest of diarrhœic discharges is apt to bring about a condition of collapse, and there is no a priori reason why this clinical fact should not apply to the diarrhœa of cholera. The "Weekly Medical Review," however, puts the case very forcibly, but much too strongly, when it says: "We know for certain that the opium treatment has invariably and everywhere failed to influence the mortality, and for this reason, if for no other, one would be tempted to try an alterative plan. Even if Dr. Johnson has not succeeded in placing his method of treatment on a sure basis, he has certainly demonstrated the futility and the danger of brutally bottling up the intestines by opiates. We trust, however, that the question, so far as this country is concerned, may remain open for want of an opportunity of putting his suggestion to the test."

GROWTH OF BACTERIA UPON ACID MEDIA.—Schlüte ("St. Louis Med. and Surg. Jour.") states that very many bacteria grow (some of them very well) upon media with a distinctly acid reaction. Amongst these are the various forms of staphylococcus, Friedländer's bacillus, and the bacilli of chicken cholera, typhoid and anthrax. Out of a number (thirteen) of pathogenic and saprophytic organisms experimented with, the streptococcus of erysipelas was the only one which would not grow upon any of the acid media employed. Lactic, acetic and hydrochloric were amongst the acids used; one of these was added to ordinary nutrient gelatine. Beyond a certain limit of acidity—which varies much for different bacteria—growth will not proceed.

DIARRHŒA FORMULÆ.—The "Western Druggist" cites the following formulæ as apropos of the present cholera excitement:

SUN CHOLERA MIXTURE.

Tinct. opium,
Tinct. capsicum,
Tinct. rhubarb,
Spir. camphor,
Spir. peppermint, of each...fl.oz. 1

SQUIBB'S DIARRHŒA MIXTURE.

Tinct. opium	fl.oz.	1
Tinct. capsicum	"	1
Spir. camphor	"	1
Chloroform	m.	180
Alcohol, enough to make	fl.oz.	5

THIELMANN'S DIARRHŒA MIXTURE.

Wine opium	fl.oz.	1
Tinct. valerian	"	1½
Ether	fl.dr.	4
Oil peppermint	"	1
Fld. ext. ipecac	m.	15
Alcohol, enough to make	fl.oz.	4

LOOMIS' DIARRHŒA MIXTURE.

Tinct. opium	fl.dr.	4
Tinct. rhubarb	"	4
Tinct. catechu comp.	fl.oz.	1
Oil sassafras	m.	20
Tinct. lavender comp., enough to make	fl.oz.	4

VELPEAU'S DIARRHŒA MIXTURE.

Tinct. opium,
Tinct. catechu comp.,
Spir. camphor, of each.....fl.oz. 1

FOR FERMENTATIVE DIARRHŒA.

Resorcin	g.	1
Tinct. opium, camphorated	"	1
Syrup	"	60
Water	"	90

Dispense in an amber vial. Label: A dessert-spoonful every two hours.

DIAGNOSIS OF OPIUM POISONING assumed a forensic interest in the Dr. Scudder case:

Dr Scudder presented the following symptoms:	Opium poisoning has the following symptoms:
Contracted pupils,	Contracted pupils,
Rapid pulse,	Slow pulse,
Rapid respiration,	Slow respiration,
Face pallid,	Face flushed,
Pain,	Painless,
Dry brain on autopsy.	Moist brain on autopsy.

It is evident that but one symptom of opium poisoning was present in the case and that one common to many states. The brain findings were decidedly against the opium hypothesis.

RETAINED NASAL SECRETION OR SYPHILITIC RHINITIS?*

BY C. E. PERKINS M. D., SANDUSKY, O.

Few cases of acute catarrhal rhinitis are sufficiently severe to compel a patient to consult a physician. When such cases occur the symptoms are severe and the diagnosis difficult.

February 7 a 30-year-old unmarried woman, with negative family history as to tuberculosis, rheumatism or lues, consulted me. There was no evidence of lues. The patient had an attack of measles in 1891, from which she and five other members of the family recovered without results of any kind. Up to the commencement of this trouble she had been exceptionally healthy and robust, having never required the services of a physician.

In the latter part of October last she was taken with what she considered an ordinary cold. There were the ordinary symptoms of acute catarrhal rhinitis, viz.: malaise, dryness and heat of the nose followed by discharge, etc., but she had in addition to all these a severe neuralgia on the right side of the face, which persisted for about a month. Early in December complete stenosis of the right side of the nose developed and the left was partially occluded. At this time there was a swelling across the nose, frontal and nasal pains, and slight epiphora, and there was very little running from the nose and that of a watery character. About these same symptoms continued until just before Christmas when she consulted her physician. I am quite certain that he considered the case as one of nasal syphilis, for he prescribed mercurial inunctions and insufflated iodoform daily. She continued under his care for six weeks. At one time in January she had a hoarseness for one week. The right nostril continued occluded, and the left became completely so, although he was adopting rigorous anti-syphilitic treatment. Not making any improvement she consulted me on February 9. I found her weak and anæmic and somewhat emaciated. There was complete loss of appetite, and swelling, redness, and pains across the nose.

These pains were so severe as to interfere with sleep; there was complete stenosis of both nasal passages which caused the characteristic voice of nasal occlusion. This, upon inspection, appeared to be due to thickening and infiltration of the turbinated bodies and septum; they were in contact about one-fourth of an inch from the anterior nares. Having benumbed the parts with cocaine, I introduced a probe, wound with cotton, beyond this point of contact and brought out some cheesy matter of disagreeable odor. I was unable to get a thorough view of the nasal cavities at that time, so I directed her to return on the following day; then I found the œdema somewhat subsided, and saw that there was a polypoid enlargement of the middle turbinated bodies which acted as a valve to imprison the decomposing material.

This I removed with a cold wire snare, and thus opened up a regular cavity on each side, from which I removed at least an ounce of foul-smelling cheesy pus. I might add that this accumulation was above the middle turbinateds so far as I could make out. As the parts were thus opened, and the discharge was enabled to make an exit, it gave rise, by running down into the throat, to a very distressing nausea. This I succeeded in relieving by daily removing these secretions and spraying the nares with a solution of peroxide of hydrogen ("Marchand,") one to four of water, and a mixture, taken internally, of pepsin and bismuth. I also prescribed champagne. Under this treatment the patient soon began to improve. She regained her appetite, the stenosis was relieved, fœtor stopped, and she began to gain in flesh and strength, and on March 4th I permitted her to go home, some ten miles, to report occasionally; she continued to improve until March 24th when she returned complaining of obstruction in the right nasal cavity. Then I removed the last bit of decomposed mucus, which had become very much hardened; since which time she has remained well. I examined her on April 26th and found the nasal cavities as nearly normal as we are accustomed to see them; there was no ulceration nor was there any perforation of the septum, or anything to suggest that a syphilitic process had been going on.

This case has been a very perplexing one to me as far as the diagnosis is concerned. I cannot regard it as syphilitic, since the effect of anti-syphilitic remedies was of no avail, but positively hurtful, and the case got well without any of the results, such as perforation of the septum, exfoliation of bone, etc., which we should expect

*Ohio Med. Soc. Trans. Cond.

to result from such a severe syphilitic manifestation.

I am perfectly convinced that the patient was taken with acute catarrhal rhinitis and as a result of mucous membrane œdema the discharge was retained and becoming decomposed gave rise to the train of symptoms occurring in the case. There might have been implication of some of the accessory sinuses, but I think not to any extent. The literature of the subject is very scanty. The only reference I have been able to find is that of Middlemoss Hunt,* who under the head of "serious symptoms arising from retention of nasal discharge," relates two cases. The first was a girl aged 23, who had had the trouble for a year with complete stenosis of the right nostril. Before coming under his care the case had been diagnosed as one of malignant disease. He destroyed the folds of mucous membrane which held the secretion in the nose, and "scooped out the putty-like material." The case resulted in a cure. The second case occurred in a widow aged 45. She had about the same symptoms except that the neuralgic pains were more severe. Her medical attendant had diagnosed syphilis and had salivated her without effect. The same foul smelling cheesy material was found in the nasal cavity of the right side. He adopted the same treatment except that he snared the hypertrophied turbinated valve, as it were. In his cases, owing to the length of time the disease had persisted, the fold which had obstructed the exit of the discharge had become almost the same as granulation tissue, while in mine, for the short length of time, about five months, it was mucous membrane infiltrated with serum greatly resembling true myxoma. His also differs in being unilateral, whereas mine was on both sides. His conclusion is that:

The sequence of events, in the above cases, seems to be as follows: An acute nasal catarrh, extending to one of the accessory cavities, most probably the frontal sinus, with swelling and inflammatory hypertrophy of the mucous membrane, leading to gradual occlusion of the nostril and retention of the discharge, which gradually filled the nasal cavity, became inspissated, and through pressure gave rise to pain and deformity. Disease of the antrum is excluded by the cessation of all symptoms after removal of obstruction.

My patient was well before I saw Dr. Hunt's article, but if I had seen it sooner it would have been a great help to me as well as a relief. I reported this case more because it will show that cases do occur where there may be a foul-smelling cheesy accumulation in nasal cavities without syphilis or ulceration of the mucous membrane, notwithstanding what authorities on nose and throat disease may hold in their writings.

*Jour. of Rhin., Otol., and Laryng., Vol. I.

TRAUMATIC NEUROSES.—Dr. Goldtscheider ("St. Louis Med. and Surg. Jour.") maintains that in cases presenting local or general hyperæsthesia, the perception of thermal stimuli is also involved. His researches have further shown that his method of estimating the topographical temperature sense, devised a few years since, is an adequate gauge by which the truth of a patient's statements regarding the existence of anæsthesia can be determined, consequently it is specially useful in traumatic neuroses or hysteria. To decide between actual and feigned analgesia or hypalgesia he recommends the following plan: A large metal plate is used as the indifferent electrode, the other electrode is a long wire brush connected with the cathode of the opening induced current, and is placed in such a manner that half the length of the brush rests on the unaffected skin, the remainder on the part said to be numbed. The secondary coil is then adjusted until pain is obviously produced. While continuing this current the electrode is slightly raised from the normal side without letting the patient recognize the manœuver; cessation of pain necessarily results if the skin remaining in contact with the electrode be analgesic.

RUMINATION IN MAN.—Decker ("Munch. med. Woch.") reports five cases. Three occurred in men, two in a mother and a child aged three and one-half years. It was congenital in three cases. Rumination is not due to any paralysis of the cardia, but the latter opens at the time of each regurgitation. Only in one case was there any evidence of cardiac weakness (as tested by inflation). Hyperacidity is an accidental occurrence. In four cases gastric juice was normal. Rumination can occur without dyspepsia. Stomach dilatation was only present in one case. Decker regards this dilatation as a result and not a cause. Too rapid excessive eating with deficient chewing is the proximate cause; this was present in four cases. Neurotic predisposition must also exist. In four cases rumination was a reflex neurosis. The other case occurred in a neurasthenic patient and was a central affection. In eructation there is only a slight stomach contraction, whereas in rumination the stomach contracts energetically as well as the diaphragm and abdominal muscles.

NEPHRITIS.*

BY E. G. MATSON, M. D., PITTSBURG, PA.

Each uriniferous tubule is a kidney complete in itself. In this fact may be found the explanation of the insidious character of some forms of disease of the organ when the morbid process fastens at first upon a part of the tubules, leaving the others to continue the urinary function. The lesions are always found to have their primary seat in the cortex; that is to say, in that part of the kidney which performs the vital functions of excretion.

It is a fair presumption, therefore, that the origin of nephritis is connected with excretion itself. This evidently is true in nephritis from lead or phosphorus poisoning. It is possible that in every case the disease arises from the necessity of separating some substance from the blood for which the organ is unsuited, and which is injurious to its structure.

This is easy to believe in cases which are intercurrent or sequelae in infectious diseases. It is not conceivable that exposure to cold could directly affect the kidney more than other organs. It is probable that its well-known agency in this disease is connected with the production of substances which the kidney must deal with in greater quantities than it can bear. If the sub stances in the blood, with which the kidneys are concerned, were totally incompatible with health, it would be necessary to place the organs next the heart so that they could depurate all the arterial blood before it is distributed to the tissues. Their position on a branch, not large in comparison with the main current, shows that incomplete depuration of the blood is sufficient.

It is not easy to understand the causal connection of hypertrophy of the heart with Bright's disease. Evidently it develops in response to a condition of the blood in which the substances to be removed by the kidneys tend constantly to exceed the proportions compatible with health. The cardiac hypertrophy is compensatory to the destruction of a part of the kidney just as much as in valvular disease. By this means the blood is driven at a higher pressure through the lessening intact part of the kidney, which in this way can act on as great a part of the blood as in health.

Both interstitial parenchymatous changes are found in all cases, so that the classification into interstitial and parenchymatous nephritis, though convenient, is not strictly correct. Probably (after excluding waxy disease) the best division is into acute or chronic parenchymatous and interstitial nephritis. This division is justified by difference in morbid anatomy as well as clinical history. They are probably only varieties of one disease, and, therefore, there may be some cases of uncertain classification.

Interstitial nephritis, the most insidious, presents the greatest difficulty. Albuminuria is but transient, dropsy usually absent, while the eye-ground is inaccessible to the majority of physicians. If there be cardiac hypertrophy without defect in the heart's mechanism, arteriofibrosis so that the radial can be felt like a cord against the bone below the point where it is compressed by the finger; accentuation of the second sound of the heart over the aortic area, with persistent low specific gravity of the urine, that is with a persistent deficiency in the quantity of solids which it is the duty of the kidneys to excrete, diagnosis of interstitial nephritis is justified.

Since Bright's disease is often insidious the disturbances must be borne in mind which it may cause. Tendencies to bronchitis, dyspnœa, neither due to heart disease, emphysema nor asthma, repeated attacks of diarrhœa, or vomiting on slight provocation, are among those which should lead the practitioner to entertain the possibility of Bright's disease. As to uræmia, which is sometimes the first sign of the disease, it should be remembered that it may appear as headache, mental wandering, or as a psychosis.

Albuminuria is always a symptom of great importance. Probably all physicians are aware that albuminuria is not a pathognomonic sign of Bright's disease, but there are not a few who suppose tube-casts to be an inevitable sign. Practically, tube-casts and albuminuria go together; the same causes seem to produce both. From what has been said of interstitial nephritis, it is evident what caution must be observed in pronouncing a subject free from renal trouble after an examination of his urine. On the other hand if a faint cloud of albumen is found, what are we to say? Albuminuria is in the great majority of cases due to Bright's disease. To prove that it is not, an outside cause should be found. Doubtless, albuminuria never exists without dis-

*Allegheny Co. Med. Soc. Trans. Cond.

order of the kidneys. This disorder is generally secondary like cyanosis due to heart disease, or biliary intoxication. The disorder is probably functional and unimportant at times. Functional albuminuria is said to be not uncommon at about the age of puberty. The odds are heavy against the health of a grown man free from jaundice who has albuminuria.

Dr. Grube stated in the discussion that he had found both casts and albuminuria in a case in which on autopsy no renal changes could be detected. It was generally believed that because a few casts were found nephritis was present, when in reality renal disorder was but a small part of the patient's ailment. In searching for casts Dr. Grube takes a low power not more than one-half inch, which gives a wide field. He put five or ten drops of urine on the slide without using a cover glass, and in that way if there is a single cast in ten drops it is possible to find it. A thing which must not be overlooked is that casts are so transparent that if there be not a very low light they become entirely transparent, and they cannot be seen at all. As long as the specific gravity is high enough and the amount in twenty-four hours is sufficient to show that the renal function is being performed the patient may live in comfort, if hygiene is attended to, and therefore we have less field for treatment and management, mainly a question of diet. Dr. Dixon is a great admirer of the skim-milk treatment; not that anything it contains has a good effect, but it gives rest to the kidneys. A diseased kidney needs rest, and to do that minimize the diet by giving skim-milk.

Dr. Shaw agreed with Dr. Grube in reference to finding casts with a low light. With a very strong light they cannot be seen at all, but with almost no light they come in view very readily, when otherwise they might be overlooked. He referred to two cases met in life insurance examinations, in which slight digestive disturbances alone indicated ill health. The urine, however, showed a faint cloud of albumen and contained tube casts. Both these men were considered healthy by their physicians, yet both were dead in the course of a few months.

Dr. Batten several years gave an unfavorable prognosis in a case which he treated with compound jalap powder and to his surprise the patient recovered. In a case of acute nephritis due to cold, the patient recovered under the use of compound jalap powder, poultices over the bowels and hot baths.

The question of prognosis in these cases of chronic albuminuria was very important. A man may have only one kidney attacked with chronic nephritis; if it could be determined that there was but one kidney affected very favorable prognosis could be given. Again, only a part of the kidney may be affected; in such a case the prognosis would be favorable. In regard to the treatment of nephritis, there is an increased blood supply to the kidneys. This increase should be prevented by some means to dilate the vessels so that the blood can escape. Now, to do this, it would be necessary to prescribe some drug that would prevent the heart's increased action, and in addition to that give a remedy that would dilate the vessels so that the blood could escape from the kidneys. Fo the first digitalis, and for the second extract of belladonna. With these drugs prescribed in a scientific manner, and with the proper diet, the patient would be very greatly benefited.

Dr. E. G. Matson said that Dr. Batten thought a single kidney may be affected by Bright's disease. He had never seen the description of such a case. In autopsies one kidney is often found more extensively altered than its fellow.

CEPHALODYMIA.—Under this title, Dr. S. Bean, of Bronson, Fla., describes the following monstrosity: The fœtus seemed to be about or a little more than six months of age. It had two perfectly formed faces, each supplied with a chin, mouth, nose, two eyes, and a forehead, all perfectly formed and normally (relatively) situated, blended into one. The neck seemed to be wanting, the double head being situated immediately between the shoulders, one ear, of rather large size, touching and resting on each shoulder. On the top of the head, or on the dividing line of the two heads, was a third ear, the same being a double ear, i. e., consisting of a single pinna, an auricle of much smaller size than the other two, and an auditory canal or meatus on each side of it, thus constituting a double ear. The occiput of this double head was covered with a loose, wrinkled, fibrous, double sack, an inch in thickness ("Eclectic Med. Jour.") and pendant several inches. It had two distinct spinal columns, reaching from the distinct heads downwards, and uniting in the sacrum, which was of about double size, and yet but one sacrum. The two spinal columns seemed to be united by short bones, with slightly movable articulations.

HYSTERICAL CONCOMITANTS OF ORGANIC NEUROSES.*

BY C. H. HUGHES, M. D., ST. LOUIS.

The conclusion "some hysteria ergo all hysteria" has proven in numberless instances fatal to correct diagnosis and the welfare of patients.

This neurosis may be latent as any other inherent tendency to neuropathic instability until some psychic or other pathological cause excites its morbid condition. While hysteria is essentially an irritative and functional disturbance of the psycho-motor sensory and ganglionic centers, it is as reasonable to expect its development in conjunction with grave cerebral or spinal lesions as to anticipate pain or spasms from profound central disease or even from multiple neuritis of the motor nerves extending to the cord centers or involving contiguous peripheral sensory nerve fibers.

The time has fully come in neuropathology to recognize the true significance of this fact, for without such recognition physicians may be too often led astray in diagnosis and prognosis for the patient's welfare or professional reputation.

Hysterical patients are prone to develop peculiar inherent neuropathic characteristics under physical as well as psychical stress and this physical strain may be a real central or peripheral structural disease.

It has been quite a number of years since I first began to think in this way, and ample observation has confirmed the correctness of my earlier judgments, though not until after some serious clinical errors had been recognized after the issue had been determined post-mortem. So far back as 1867, '68, '69, '70 and '71, several of my autopsies, at the Fulton Asylum for the Insane, on patients who had died of organic diseases of the brain and other organs, some of whom had been pronounced only hysteria in the communities from which they came, and one or two of whom had hysterical seizures while they lived in the institution, set me thinking on this subject and led to a final revision of my previously entertained view that hysteria was always a functional nervous disease invariably, only associated with functional nerve trouble.

It was not long after leaving the asylum that a very markedly instructive case, because of its tragic ending, fell under my observation. The case was that of a lady past the menopause and mother of several grown children, who suffered from disseminated sclerosis, with characteristic pupillary changes, intention tremors and insomnia, and with it numerous hysterical symptoms and frequent paroxysms. Her case had been pronounced by old experienced physicians to be hysteria and hypochondria (which latter, by the way, is another much misapplied term, because the state designated by it, too, does really, though less frequently, co-exist with grave physical lesion). A multiple neuritis co-existed in this case, and she had exacerbations of neuralgic pains. This woman really suffered physical agony, but the verdict of her family physician and a consultant from the city that the case was hysteria, lost her the sympathy of her husband and children which she deserved and craved, and in her despair, chagrin and grief, she took her life.

Buzzard*, in an address delivered before the London Neurological Society, pointed out that hysterical symptoms may co-exist with even so grave a neurosis as disseminated sclerosis, but regards the sclerosis as simulating the hysteria, whereas, in my opinion†, the hysteria is real, and the sclerosis is the cause which brings into prominent functional activity the latent functional neurosis. He even makes certain hysterical symptoms part of the organic disease, and states that "it appears reasonable to conclude that many symptoms which have come to be considered characteristic of hysteria will, if examined in the light of improved knowledge and experience, be relegated to disseminated sclerosis. The figure of hysteria shrinks in proportion as the various forms of organic disease acquire greater solidity and sharper definition."

But I have not always found this to be strictly true, except as the fatal ending of disease approaches, and I have in view one instance in a male in which, though death is impending from probable syphilitic arteritis and gummata with cerebral congestion, the patient has numerous crying spells with spitting out of food and medicine and violent tendencies at times, followed by laughter and tranquility. The congestion of brain has, evidently, a malarial complication, with cold stage, fever and sweating, followed by reaction and intervening better days.

I remember having seen one case of posterior sclerosis in a female, in which the pharyngo-

*Amer. Med. Assoc. Trans. Cond.

*Simulation of Hysteria by Organic Neuroses.

†"Alienist and Neurologist," July, 1892.

laryngeal crises were so distinctly intermittent and the sensation of globus was so like that of hysteria that we were often uncertain as to whether the patient did not really have the true globus hystericus from the irritation of the changes in the pons and medulla and the reflected gastric crisis. She had other hysterical symptoms, and had in her earlier life been a victim of this neurosis spasmodica. She died, however, in a cardio-laryngeal crisis.

In a recent publication, Charcot relates a case of Morvan's disease complicated with hysteria and several cases of hysterical tremblings having associated variations of intention tremor and vibratory tremor. These were probably, as they were apparently, associated with sclerosis.

Sometime ago a lady, now dead of cerebral congestion, came to my office at the instance of Dr. Mayger of this city, with general hysterical trembling. Her history had been one of mental shock and over nerve strain.

I have seen a case of abscess of the cerebrum following a cerebritis preceded by hysterical symptoms until near the close, and a school teacher of 22 years overworked and anxious about her ability to continue teaching developed hysteria along with general neurasthenia and malarial poisoning, the latter ending in cerebral congestion, temporary insanity and death, the hysterical symptoms disappearing as the gravity of the cerebral disease increased.

Hysteria sometimes displays itself in connection with epilepsia mitior as well as in the grave form of hystero-epilepsia. It has been developed in my observation after diphtheria, scarlatina and rheumatism. In these instances I have always found a family history of this or other form of spasmodic neurosis. It is not uncommon in ordinary chorea, especially later in life after an earlier chorea; one of my present cases of chorea major shows hysteria markedly. But these are both ordinary functional nervous diseases. I have seen it in one instance brought out during the convalescence from hemiplegia as chorea sometimes appears.

With these clinical facts before us, are we not justified in extending our search for hitherto unsuspected organic disease of the nervous system as causes of hysterical symptoms, as well as in looking to the womb for the fountain source of this symptomatic neurosis and in relegating to the background the prevailing clinical dictum that, "Where hysterical symptoms are present, the trouble is only a functional one of the nervous system?

It is undoubtedly true, as Buzzard has clearly shown, that hysterical symptoms develop de novo only in part and as part of the expression of organic nervous disease. I have seen such cases—cases where the mind was for quite awhile in doubt as to the real nature of the disease—whether oarganic or functional. As one may see paralysis appear and find the cincture feeling present and the knee jerks absent in hysteria sometimes, so may he see symptoms of hysteria in real organic disease. I may note here a case of salam tremor or rhythmical contractions of the sterno-mastoids, long suspected by myself to have been hysterical, which proved to have been caused by cervical pachymeningitis of which the patient subsequently died.

As this is but a note of clinical warning I trust this word may prove sufficient to the wise clinician, and with a brief quotation slightly qualified to compass my own view I close this paper as Buzzard has introduced his able address, our object being "to draw attention to the frequency with which symptoms liable to be looked upon as (solely) hysterical are found to be really due to structural changes in the nervous system" as the exciting if not solely causative factor.

Dr. Eliza H. Root† reports the following cases:

Case I. A thirty-year-old married neurotic whose general health had been good during girlhood and marriage until she became amenorrhœic about eleven months prior to death. She became mentally and physically passive and apathetic. She slept well; had a variable appetite and complained of confusion of ideas. She took to her bed, shut summer air out of her room. If approached by a stranger or suddenly by a relative her pulse would quicken and she would become dyspnœic. Her arculation was poor. The lips and mucous membranes were cyanotic. There was passive pelvic congestion. The spine presented tender points over the dorsal and cilio-cervical region. Charcot's hysterical tripod was very marked.

The extreme passivity of the patient's condition suggested measures calculated to arouse activity. The windows and blinds of her room were opened; large and hot vaginal douches given to stimulate the pelvic circulation; hot water applied over the spine; massage given; and the constipation relieved, though with difficulty. For the one-half grain of opium, which she was taking every four hours when I first saw her, iron and cod-liver oil were substituted, with systematic feeding. After a few days she was persuaded to leave her bed, and in a few more she consented to take a short ride. She was persuaded to continue in this course, by no small amount of skill and persevering manage-

†MEDICAL STANDARD, Nov. 1890.

ment on the part o her attendants. After six or eight weeks she showed marked improvement; had gained in flesh and cheerfulness, and began taking an interest in things about her. In twelve or thirteen weeks the menstrual flow returned, and continued regular until the time of her death. She went about her household duties, seemed happy and restored to health. Matters went on smoothly until the following summer, in August, when, during a menstrual period, she swallowed a quantity of corrosive sublimate in solution. Since her apparent restoration to health, no one had noticed anything about her to cause apprehension, not even the hysterical manifestations that had characterized the first of her illness. Her act of self-destruction was a surprise and shock to every one who knew her. The second day after the poisoning I saw her again; she seemed perfectly rational, but manifested the same hysterical symptoms I had observed a year before at my first visit. When asked why she took the poison she replied: "I don't know. I felt that I must do it. I was sorry the minute after. Do you think I will get well?" She said this with pupils widely dilated, respiration quick and fast and a nervous tremor in the alæ nasi and the muscles of the face. She died on the eleventh day after taking the poison. Hysterical symptoms, and they only, presented themselves during this last illness; but behind them were the metallic breath, diarrhœa, passive hæmorrhage of the bowels and retention of the albuminous urine, indicating the profound impression the poison had made upon the system. My associate in the case believed my apprehension of grave results unfounded, because the patient was "hysterical."

Case II was a single twenty-year-old blonde woman who was neurotic, idle, and without any definite object in life. She began showing a mental bias by "acting queer." She rapidly grew worse, refusing food, crying and wandering about her room, chattering constantly. Hysterical mania was the diagnosis made, and treatment in a hospital for the insane recommended. This continued for ten days, when a change seemed to take place. She was fed with less difficulty, and seemed to make an effort to think. She seemed greatly troubled over her mental inabilities, and would cry because she could not rightly say what she wanted to. On the day set for her removal to an asylum her mental condition seemed altered so much for the better that it was postponed. On the eleventh or twelfth day her mind seemed in its usual health; pallor extreme; the patient was greatly prostrated, and content to stay in bed. A rise of temperature occurred, and the case proceeded a typical course of typhoid fever, and recovered with no remaining unpleasant symptoms.

Case III was that of a twenty-four-year-old farmer's daughter, intelligent and faithful in performing duties assigned her. Her sympathetic nature was strong, and, when forcibly appealed to, made a profound impression upon her physical health. Tender points extended over the entire length of the spine on each side of the sacrum. Charcot's tripod was very marked on pressure, and pain was nearly always present. The patient suffered from pain in the spine—in fact, from pain all over the body—peripheral nerve pain, nausea and vomiting, with pelvic pain accompanying the menstrual flow, that local conditions did not warrant. Her body seemed, when she came under my observation, completely controlled by a perverted spinal and sympathetic nerve system overriding the inhibitory brain centers. She had met with a serious disappointment in life, that seemed to be largely responsible for the inroads made upon a naturally neurotic constitution. She grew thin in flesh, appetite poor, and I began to fear that tuberculosis would, in all probability, close the scene. In June, 1890, she was attacked with a severe sore throat, which seemed diphtheritic. The thick exudate cleared off, leaving a red but unbroken base. For a time the idea of diphtheria was lost sight of. On the third day after the soreness of the throat appeared she began to manifest delirium decidedly hysterical in character. My counsel pronounced it a case of "hysterical mania." Nausea and vomiting set in. Rectal feeding, and the mere suggestion of food, would produce uncontrollable emesis. She finally locked her teeth against all food and attempts to examine the throat. I could not disabuse my mind of the idea that some grave disease lay behind these profound disturbances of the nerve centers. For ten days and nights we fought what seemed inevitable starvation. The temperature was sometimes below normal, 97°, and never above 101°. About the tenth day the patient became more passive, the face showed great depression, and the jaw relaxed sufficiently to allow examination of the throat. Diphtheritic membrane was spread over the tonsils and fauces. During the course of the disease this spread to the nose and the inner canthus of the right eye. The larnyx, dorsum of the tongue, with its frænum, as well as the lips and buccal surfaces, became involved. For three weeks the diphtheria was treated in the presence of the continued and persistent nausea and retching. The patient's mind became again clear, but all force of will power was lost. Rectal feeding and medication was employed, little entering the mouth except local applications, that had to be used with caution, and even sparingly. Complete anorexia prevailed. After all diphtheritic exudate had ceased to form, so far as could be determined, the body temperature continued at 100° to 101.5° F. Albumen appeared in scanty urine, which was readily overcome by small doses of lithia citrate. A hacking cough developed and gradual wasting ensued, nausea and vomiting still persisting, though not so severe as formerly. Four weeks she lingered, and then died greatly emaciated. The failure to procure a post-mortem examination left the hypothesis of tuberculosis undetermined.

These cases strongly support the conclusions I have already drawn anent the latent hysteric element.

MASTURBATION.

BY C. EVERETT WARREN, M. D., BOSTON, MASS.

"Many of the changes described by Dr. Warren are, however, found in other states than masturbation." Such are the words used in the September MEDICAL STANDARD, in concluding an abstract of my article in the "St. Louis Medical and Surgical Journal." True in the same article I laid special stress upon the value and necessity of a confession as the only true, sure means of diagnosis. We may suspect; we cannot prove, without this important factor. I admit that all, or any, of the local alterations might, and do exist without the habit. In fact many authorities say that there are no local proofs of self-abuse, while others admit them with a grain of salt. West and Duncan say:

"It seems doubtful whether the practice of masturbation produces such injurious physical effects in the female as in the male, though it is impossible to over-estimate its baneful influence on the moral feelings and the sense of self-respect. In reference to the absence of any change in the sexual organs in connection with habitual masturbation, the statements of Parent Duchatelet are decisive."

On the otherhand Scanzoni and Gardner mention several lesions due to masturbation, and the same with other writers.

But in all cases where local changes exist *with a suspicion*, there are concomitant types of temperament and character to say nothing of physical modifications which point to the moral. The type of the masturbator is well known to all medical men. The changes on the type may be rung to all tunes, but the same rhythm and harmony underlie each. I would therefore repeat, local alterations of form and tissue are simply substantiative proofs of a preconceived diagnosis, founded on the type, as manifested by temperament and character.

Of all the various characters I would especially emphasize the desire for solitude and the fretfulness when interrupted in solitude. This in itself is a cause of suspicion. Why? Because the idea dominates everything else, and the boy or girl will secrete himself or herself in the attic or the cellar or in the hay loft with the excuse of "looking for eggs," perhaps, when the sole purpose is to indulge in reveries and action. My experience in this specialty has led me to many interesting discoveries, and has sharpened my wits to suspect many otherwise innocent facts. One boy had an ingenious arrangement of rings and spring with which he had contrived to simulate the opposite parts. A large iron ring was tied by a girth close to the pubis, the ring passing over the root of the penis and scrotum. A dozen rubber teething rings laced together by tape made an artificial vagina, while a spiral spring fastened to the gathered tape at the end gave the tension and to and fro motion, when the proximal end was attached to a screw hook in the wall or ceiling. This case, hopeless in character, was interesting for the ingenuity shown in device. The final outcome was an artificial vagina of soft rubber, which was in use freely lubricated with soap and finally egg albumea.

With our intellectual development it is extremely distasteful to acknowledge that the sexual animus dominates the passions, and yet we cannot escape this conclusion. It is the most general and necessary, as weil as the most prevalent, of the animal instincts. In view of this fact, which we may not gainsay, we need not wonder that we as a class seek some outlet, legitimate or illegitimate, for the satisfaction of this passion.

The marriage as legalized by various people shows an early acknowledgment of this animus and function, for such it is:

MARRIAGE AGE IN DIFFERENT COUNTRIES.

	Man.	Woman.
Austria	14	14
Germany	18	14
Belgium	18	15
Spain	14	12
France	18	15
Greece	14	12
Hungary		
Catholics	14	12
Protestants	18	15
Portugal	14	12
Russia	18	16
Saxony	18	16
Switzerland	14	12
Turkey	Puberty	Puberty.

Darwin, in his study of "The Descent of Man," has shown that the sexual instinct is the most necessary as well as the most prevalent of all. It is most active in the male, he being the aggressive party, and most passive in the female. For this reason we naturally expect boys to acquire the habit more than girls. As Tait says: "Boys always discover the habit for themselves, and very few are free from it. It is among girls, then, generally the result of direct contamination." He further says: "Between the period of puberty and the time when young members of the human race may legiti-

mately follow out their instinctive tendencies there is a number of years during which the male glands are active, and the males discover a means of relief. No such relief is wanted for the female glands, for they discharge their products without it. But if the rudimentary instinct be once directed into this artificial channel it is often carried to great excess, and there can be no doubt that much mischief is sometimes done to the economy." But still, quoting Tait, "The chief difficulty is to persuade those that it is a physical delinquency rather than a moral evil," and not tell the poor sufferers that "they were damning their souls, but that they might seriously hurt their bodies, explaining the nature and purpose of the functions that were being abused." Meigs looks at the evil in a rational manner, and though he quotes cases where harm has resulted, says: "The evil effects of masturbation have been greatly overrated, thanks to a reticence on the part of those who know all about it, and this has permitted a disagreeable subject to fall into the hands of those who live by trading on the ignorance and misfortune of their fellow-beings."

The evils of the habit have been and are greatly overrated by those pessimists who see evil in everything. At its worst it is simply an attempt to fulfill nature's functions, denied their natural exercise by environment or necessity. It may be carried to excess just as the natural act may be overdone and trouble may follow, but it is seldom irremedial.

In the treatment we must consider the cause. Does the abnormal irritability lie in the organs themselves? Is it centered in the lumbar region? Is it seated in the encephalon? It is difficult to eliminate one factor from the other. Whether the moral cause acts reflexly and causes the local irritation secondarily, or whether the local acts reflexly sympathetically upon the brain is hard to differentiate. Rather evade the question and say there is an inherent sexual instinct predominating all other instincts and demanding satisfaction.

Marriage is the natural remedy for this overwhelming desire, but if this be denied self-abuse shows the remedy and relief. In woman the monthly periods relieve this sexual tension if we may coin a word, but in man some other relief is needed and masturbation follows as a rule.

When suppressed in man or woman, it finally leads to a genital mania or furor of which Messalina is an example, who, unsatisfied with her lord and master Claudius, donned the cloak of the courtesan Lycisca and tired out men, but was herself untired or unsatisfied according as we render the Latin of Pliny.

Satyriasis and nymphomania are words descriptive of cases which few physicians ever see in fact, and yet it has been my fortune and misfortune to see many in the line of my specialty —cases which no words can describe in character and suffering, cases carried away by a mania and fury admitting of no control, cases beyond the line of medical treatment or social or legal control, and always, as far as I have seen, cases which might have been remedied or prevented by marriage. So my conclusion of an article in the "St. Louis Medical and Surgical Journal" for the current month may have more weight when I advise marriage as the means of checking and preventing self-abuse. If the stream is not damned it can never cause a flood, but must always flow its even course, So in life, if the sexual desire which is natural is not damned, it will find its natural outlet without damage, but otherwise it will cause trouble like a flood. Perverted functions will find a perverted outlet with or without damage, as the case may be, to the concomitant functions.

Moral and medicinal treatment are of but little efficacy. Hygienic precautions are not to be neglected, but the main point is to distract the attention and turn the current in other channels.

A word of caution in conclusion. Look out for blackmail and slander. The nymphomaniac knows no moral or social law which she will not infringe when in the furor of desire. Meigs well describes the case: "After the disorder has made some progress, far from seeking to hide her irresistible passion, the patient employs all her address to make it known by frequent sighs, by encouraging proposals, by voluptuous attitudes and finally by complete forgetfulness of all modesty . . . . she makes indecent proposals and often indecent gestures."

ARSENIC IN SYPHILIS. — Dr. H. Smith ("Lancet-Clinic") has obtained excellent results in syphilis where mercury and the iodide of potash had been given in vain. The patient, a soldier, had various secondary eruptions with ulcerations of the hands and feet, periostitis of the cranium, forearm and tibia, bone pains, etc. He took potash iodide and mercury twice, without results. Arsenic was then administered, when the symptoms rapidly ameliorated, while the ulcerations and periostitic indurations disappeared.

Editorial

THE danger of cholera seems to be practically over for the present year, The careful sanitary measures taken all over the country, however, should be continued albeit the season is rather too late for its introduction and spread. More than once has cholera been introduced into the port of New York during September and disappeared without infecting the surrounding country, despite circumstances favoring its introduction. In September, 1887, the steamer Alesia arrived at New York with cholera on board. The quarantine conditions were then decidedly bad. Dr. E. O. Shakespeare, who investigated the cholera cases, in company with Drs. J. C. Wilson and R. A. Cleeman, of Philadelphia College of Physicians, found that there were cisterns on the quarantine hospital grounds accessible to the immigrants; that there was an hospital opposite a lavatory. There was no medical superintendent nor resident physicians. There was no official supervision of the personal hygiene of the immigrants. The blankets and bedding were promiscuously heaped together while disinfectant floor washing was done. Beds were occupied by more than one person and the bedding successively used, without disinfection, by more than one person. There were male nurses for female patients. Convalescents were allowed to depart without proper disinfection or precautions. There was free communication with the surrounding country by small boats. Although the management was extremely parsimonious, the then health officer of the port was in receipt from fees of an annual income double that of the President of the United States. The extreme neglect of quarantine precautions above cited was not followed by the introduction of cholera into the United States, despite the fact that the Italians (who work as laborers all over the country) were chiefly affected. The present quarantine conditions in New York are so infinitely superior to those of 1887 that the chances of cholera introduction seem very slight. Certainly the "Medical Record" in the following comments does but simple justice to that much-abused, conscientious official, Dr. Jenkins (to whom the United States is deeply indebted):

> While much inconvenience and suffering to quarantined passengers has been occasioned by want of accommodations for transfer, it is quite evident that the health officer has done his part as best he could under the circumstances. The sudden emergency has not only proved what can be done in protecting the city against a continuous and formidable invasion of disease, but has demonstrated certain defects in our present system which have never before been so strikingly manifest. In other words, the very strict manner in which the quarantine has been enforced has proportionately emphasized the necessity of increased facilities for the care of infected passengers. Unfortunately, the health officer, in the stern and conscientious discharge of his duty, and in the assumption of the various responsibilities which made such a task possible, has been the subject of much unmerited criticism and much unwarranted abuse. Thus, while tendering him hearty congratulations, we can consistently give him our sympathy. While keenly alive to the necessities of the occasion he was powerless to meet them, for lack of facilities in sudden emergencies Quarantining the passengers was one thing, but transferring to places when none such were provided was quite another. The responsibilities were great, but were promptly met, and it is principally due to his energy and foresight that the quarantined passengers are now properly cared for.

THE peasants of a little village near Moscow, ("Medical Record,") fearing an invasion of cholera, put a charm around the place in accordance with an old superstition. Six virgins, led by two widows, dragged a plow at midnight around the village, while a third widow preceded them, carrying in her hands a banner with the image of the Holy Virgin. The cholera, as the peasants believe, will never be able to cross the line made by the plow, and as long as they remain within this magic circle no harm can come to them from this scourge. This folklore prophylaxis is found in other races than the Sclavonic or Tartaric, and its failure is always ascribed to the non-virginity of the alleged virgins who take part in the ceremonial.

HUMANITARIANISM or even an exalted commercial spirit has been as conspicuously absent from the German steamship companies during the present epidemic as it was during the 1881 small-pox epidemic. Hamburg has been ravaged by cholera because of the narrow-minded avarice of its shipping plutocracy The epidemic was charged to the Russian refugees, but the truth is that coolies imported from the East Indies as dock laborers have been the chief causes of its spread. The city sanitary official has bowed to the dictates of the shipping plutocracy with a slavish obsequiousness which even the meanest American politician occupying a sanitary position would consider disgraceful. Cholera cases have been concealed and clear bills of health have been given to infected vessels. Hamburg was at one time so notorious for its false news that Hamburg news formed the basis

of the word humbug. It continues to deserve this reputation, at least so far as its sanitary statistics is concerned.. It should be regarded as an infected port for a year to come, or at least so long as it continues to import and employ East Indian coolie labor.

THE barbarity exhibited by the New York bay men anent the quarantine patients had its historic parallel in the similarly insane brutality exhibited during the yellow-fever epidemic of 1857. The fever-stricken patients of the quarantine hospital were dragged out on the sands and the hospitals fired. In the present case the real-estate boomers and the local railroad offices are directly responsible for exciting the frenzied panic that led to the brutal imbecilities which have just disgraced the American name.

THE editor of a New York daily was quarantined by Dr. W. T. Jenkins, in full obedience to his sworn duty. His royal mendacity felt the indignity of being compelled to submit to the quarantine like an ordinary citizen, and has berated the quarantine physicians as unfit for their positions because they failed to recognize the rights of a pathological liar to ride roughshod over all sanitary precautions. Dr. Jenkins deserves credit for failing to see any sacred dignity in a newspaper fakir.

BLOCH, of Strasburg, a decade ago pointed out that death in cardiac wounds was usually due to hæmorrhage and that sufficient time elapsed between the wound and death to permit of suture which he showed was feasible in animals. The case elsewhere cited of a hat-pin in the heart naturally raises the question whether the surgical procedure advised by Bloch be permissible in the case of foreign bodies. Stetzner ("Centralblatt für Chirurgie" 1887) reports the case of a student who during the depression produced by a spree attempted suicide by driving a needle into his heart. Twelve hours thereafter he had cardiac pain, dyspnœa and a loud apex pericardial murmur. In thirty-six hours an operation for removal was deemed advisable. Part of the left fifth rib was resected. The pericardium was opened and half a dram of cloudy fluid ran out. The needle could be felt lying diagonally in the right ventricle. Its head was successfully driven through the anterior cardiac wall and held there with the finger nail. An attempt was made to seize it with forceps but owing to the tumultuous beating of the heart the forceps slipped and the needle slid into the ventricle assuming a vertical position. An iodoform tampon used to plug the pleural opening was drawn therein by an inspiration wherefore the attempt to remove the needle was abandoned. Recovery resulted in four weeks; the heart murmur, abnormal pulse and pleural symptoms all vanished. Von Bergmann removed half a knitting-needle from the heart of an eleven-year-old girl into which it had been driven by a slipper blow. Asphyxia immediately occurred. Under the left third rib, between the parasternal and mammary lines, was the point of the needle. There was a blowing apex systolic murmur. The needle when withdrawn slowly had a pendulum movement. It was withdrawn slowly to permit a clot to form and thus prevent pericardial hæmorrhage. On its withdrawal the pulse resumed its normal character and the murmur disappeared. Dr. Iver Hardt had collected in 1887 twenty-two cases of needle in the heart of which nineteen were found on autopsy. In three the needles were extracted as in Bergmann's case. The procedure of Bloch adopted in Stetzner's case has therefore some grounds in its favor.

THE much-trumpeted cholera inoculations of Ferran, during the Spanish epidemic, seem to be forgotten by medical men and newspapers just now exploiting the bravery of newspaper reporters who have submitted to inoculations. Ferran did one good service, albeit his results were rejected by sanitarians. He checked to some extent the cholera scare. The inoculation question was not settled by him, nor can it be settled during an epidemic. Perhaps experiments in India, the perennial source of cholera, might have results of value. Brieger, Wassermann, Klemperer, and Kitasato have recently made experiments tending to demonstrate the possibility of rendering animals immune against cholera. To some extent the results of Klemperer and the others contradict each other.

DR. RUDOLPH VIRCHOW'S election to the rectorship of the University of Berlin would be an evidence, were there no other, that Bismarck's autocratic rule was done. Virchow was a pet aversion of the man of "blood and iron." He could neither be bought, frightened nor cajoled into the support of autocratic measures. He was, in consequence, thrice defeated in a candidacy for the rectorship by Bismarck's influence.

DR. THOMAS F. WOOD, one of the foremost southern pharmacologists, died August 22. He was a physician of exceptional breadth, an excellent botanist and geologist. He took an active interest in scientific pharmacy, and was the first physician in North Carolina to urge medical action in regard to the pharmacopœial convention of 1890. He was elected thereto and proved an active, unassuming worker. Dr. Wood was the leading sanitarian of his state, and secretary of its board of health, which, under his guidance, took strong measures ag ainst

THOMAS F WOOD, M.D.

food and drug adulterations. He was the leading medical journalist of his state, having conducted the "North Carolina Medical Journal" for severa years. Dr. Wood was courtly in manner, of al kind, genial disposition, and held high professional ideals. In 1885 he found himself suffering from aneurism of the abdominal aorta. He resolutely confined himself to bed and submitted to digital pressure during two years. The symptoms were so much relieved by this procedure that he remained in fair general health for four years. The remote consequences of the aneurism led to his death, which occurred at the age of 52.

DR. FOCHIER"(Boston Med. and Surg. Jour."), having observed improvement in the cases of puerperal septicæmia take place coincidently with the appearance of a focus of suppuration in some part of the body, suggested that in certain cases the establishment of suppuration by the subcutaneous injection of turpentine might be of therapeutic value. Later, a cause of pneumonia was reported by Lepine, in which this method appeared to have been of great benefit. Gingeot reports the case of a man 29 years of age, of alcoholic history, suffering from acute pneumonia who received on the ninth day subcutaneous injections of turpentine into the four limbs. At the time his condition was very critical. The injections were very painful and were followed by extensive œdematous patches, and later by suppuration. Within two hours of the first injection the temperature fell two degrees, and this was followed by subsequent improvement. The patient ultimately recovered. A similar case is reported by Raoul, in which a patient, seemingly moribund on the sixth day, was apparently cured by this treatment. The explanation of the improvement given by Gingeot is that the production of artificial abscesses, by setting up leucocytosis, brings up reinforcements of phagocytes, as it were, to the assistance of the original defenders.

DR. FREY states that the supposed burial alive of patients apparently dead from cholera may be explained by the fact that the corpses of those who have died from the disease are for some time after death subject to convulsive movements of some muscles, or even of a whole group of muscles ("Weekly Med. Rev."). Eichhorst relates that on one occasion he had left a patient for dead, when, three hours later, he was told that the dead man had revived. He found that the muscles of the upper arm were giving short, quick motions, following each other rapidly, which were interrupted by contractions of the whole group of muscles, whereby the forearm was visibly contracted. The fingers were distinctly observed moving, as though playing a piano. After three hours the movement of the muscles ceased. These phenomena were pointed out half a decade ago by the MEDICAL STANDARD as occurring not only in cholera but also in other infectious diseases.

THE eclectics deserve credit from the whole body of the profession for the fight they are making against advertisers within their ranks. The advertiser is the meanest enemy of the profession. Incidentally it may be asked why does not the Rush Medical College Alumni Association imitate the Chicago College of Physicians and Surgeons and expel Dr. J. K. Egbert for advertising, as did the latter Dr. Brinkerhoff. Dr. Brinkerhoff was at least a competent rectal specialist. Dr. Egbert is neither a neurologist nor, as his evidence in the Burns, Blume and Cronin cases proved, a competent surgeon nor pathologist.

DR. A. B. HOLDER, of Memphis, ("Med. Rec.") says in connection with constipation among Indians it is interesting to read the following opinion, expressed by a St. Louis physician. "The constipation so common among civilized people, and especially females, is in some measure due to the restraint of clothing and modesty; if children and men and women were no more restrained by clothing and a sense of what is decent and proper than the beasts of the field, constipation in the human family would be as rare, no matter what their ordinary diet, as it is among the beasts of the field." The Indian will leave the tepee just as the dog will go out of the house or kennel, but he (or she) will stop within ten feet thereof, and in sight of the entire village, when and where the inclination overtakes him, spread the all-useful blanket above his head and obey with commendable promptness the calls of nature—still he is constipated.

THE "Medical and Surgical Reporter" of Philadelphia, is in error in stating that the literature on the subject of rectal gonorrhœa is meagre. Cases are not infrequent in the seats of pæderasty in the old and new world. Rollet, in 1868, reports the case of a woman who, in order to assist defæcation, had inserted her finger into the rectum, and in this way carried the infection from the urethra, at which time she was suffering from gonorrhœa. In 1879, Hecker, of Paris, observed a putrid discharge from the rectum of men and women who indulged in anal coitus, which resisted all treatment. In 1884 Dr. Lusk ("Gaillard's Medical Journal") observed a woman in whom rectal gonorrhœa had resulted from anal coitus. In 1887 Dr. R. Winslow (MEDICAL STANDARD, Vol. II.) observed an epidemic of rectal gonorrhœa in pæderasts in a reformatory school in Baltimore. The "St. Louis Medical and Surgical Journal" says that rectal gonorrhœa in the male occurs principally among those who submit to rectal coitus, especially boys who are used for pæderastic purposes. In the female it frequently results from self-infection; since the gonorrhœal secretion runs down between the labia and so reaches the anus. It often occurs however in the female as in the male for the same reasons, since fear of pregnancy induces prohibition of vaginal coitus.

DR. JULLIEN states that gonococci are found in the blood not only in gonorrhœa, complicated by rheumatic affections, but also in cases which are complicated by cystitis and orchitis. This view has been disputed by Welander, Aubert, Roux, and others. F. Trapesnikoff ("Internt. Jour. of Surg.") has examined the blood in thirty-two cases where gonococci were present in the discharge, the gonorrhœa, being complicated by epididymitis, orchitis, cystitis, prostatitis, arthritis and paraplegia. He failed, however, to find gonococci. In cases of gonorrhœa, where the complications mentioned by Jullien were present, no gonococci occurred in the blood. Without denying the possibility of gonococci entering the blood, their presence can be much less frequently determined microscopically than Jullien has stated. The presence of gonococci in the pus in gonorrhœal arthritis and other complicating affections may be due to the entrance of microbes in the lymph channels. In cases where the direct action of gonococci cannot be demonstrated, the complications of gonorrhœa are brought about either by the extension of the inflammatory process per continuatem or through the agency of toxines. The constant occurrence of gonococci in pus cells and leucocytes is not available in the differential diagnosis of this microbe.

A WOMAN ("Lancet") suffering from toothache took twenty-four grains in half an hour. She felt dazed, had an unsteady gait, was giddy, feared to speak lest she should talk at random. She slept for nine hours awakening with unpleasant mouth dryness and frontal headache. Dr. J. Gordon has observed cerebral disturbance, intoxication sensations, dizziness, tinnitus, vomiting and headache. Dr. R. W. Wilcox ("Amer. Jour. Med. Sc.") is of opinion that exalgin is a remedy to be used with caution and four grains is a dose not to be exceeded without careful observation of the patient.

Progress of Medicine.

THERAPEUTICS AND PHARMACOLOGY.

ANTITOXIN IN TETANUS.—Dr. G. Casali ("Amer. Jour. Med. Sc.") has just reported the seventh case of traumatic tetanus cured by the antitoxin of Tizzoni-Catani.

EXALGIN IN EXOPHTHALMIC GOITRE.—Dr. T. Churton has found exalgin in half grain doses ("Lancet") every quarter of an hour until three doses are taken, of value in exophthalmic goitre.

UNTOWARD EFFECTS OF PHENOCOLL HYDROCHL., according to Dr. R. Bum ("Amer. Jour. Med. Sc."), chiefly affect the heart and gastro-intestinal canal. Dr. Balzer has noticed cyanosis.

EXALGIN INCOMPATIBILITIES.--Parel ("Med. Mod.") has found that exalgin combined with salicylic acid forms a paste which soon becomes a liquid. This does not occur with sodium salicylate.

LACTIC ACID IN CHOLERAIC DIARRHŒA.—Dr. Pauthier ("Bull. gen. de Therap.") advises the use of carbonated water acidified with lactic acid for a table drink as a means of prophylaxis in choleraic diarrhœa.

TRITICUM REPENS IN CYSTITIS.—Dr. J. A. Henning, of Garnett, Kas., has had excellent results in chronic cystitis, pyelitis and enuresis from a preparation of triticum repens (Tritica). Preparations of triticum repens are often inert, but this is so made as to develop and enhance the efficiency of the drug.

STRONTIUM BROMIDE IN ALBUMINURIA.—Germain See reports ("Trib. Med.") the case of a tuburculous albuminuric with parenchymatous nephritis, who was passing twenty-three grams of albumen per diem. Under the use of four grams daily of strontium bromide the albumen disappeared from the urine.

ANTIPYRIN, PHENACETIN AND PHENOCOLL.—Dr. Cerna concludes ("Notes on New. Rem.") that antipyrin, phenacetin and phenocnll all fail to produce any effect on the heat cunctions of the normal animal. Antipyrin produces a decided fall of temperature in the first hour after its administration in the fevered animal. This reduction is due to a great increase of heat dissipation, together with a fall in the tsat production. Phenacetin, both in septic and albumose fevers, produces a very slight fall of emperature during the first and second hours after its ingestion by the stomach, but the greatest reduction occurs the third hour after its ingestion. The fall of temperature results chiefly from a decrease in heat production, with a slight increase in heat dissipation. The increase in dissipation is not as great as with antipyrin. Probably the delayed action of the drug depends on its insolubility. Phenocoll causes, in fever, a very decided fall in temperature, which occurs the first hour after the administration of the drug by the stomach. This reduction is the result of an enormous diminution of heat production, without any alteration of heat dissipation.

SALOL IN CYSTITIS.—Arnold ("St. Louis Med. and Surg. Jour.") reports cases of acute and chronic bladder catarrh which have been much benefited by the use of salol in gram doses in addition to the local treatment. Even tuberculous cystitis has been relieved by it. Salol makes the urine acid, and renders it ultimately almost clear and free from smell; the drug is well borne, even when administered for some length of time, and it is a useful adjunct to the treatment, especially when only weak, antiseptic solutions can be tolerated by the bladder.

TRIONAL AND TETRONAL.—Dr. Ramoni ("Med. Rec.") concludes that these hypnotics are superior to sulphonal and chloral. The patient awakes more easily, and there are no unpleasant after-effects, such as nausea, vomiting, loss of appetite, etc. The action of the drugs is rapid (thirty to sixty minutes). Trional is superior to tetronal, the sleep induced by the former being sounder and more lasting. The sleep (after either of the drugs) lasts on the average six to eight hours, and is not disturbed by dreams.

TYPHOID FEVER TREATMENT.—Dr. E. Anderson, of Pensacola ("Southern Med. Rec."), believes that typhoid fever being a self-limiting disease, attempts to abort it are injurious. He cautiously administers, with most gratifying results, minute doses of calomel throughout the entire course of cases. Its antiseptic properties prevent rapid decomposition of the ingesta; while its stimulating effect upon the kidneys and glandular systems hastens the elimination of the poison from the system. Oil of turpentine is superior to salol, hydro-naphthol, etc., as an in-

testinal antiseptic—the most delicate stomach soon acquiring a tolerance of it. Quinine is of unquestionable value, but do not keep the patient cinchonized. He does not resort to antipyretics until the temperature rises above 102°. Where an antipyretic is required, he prefers antikamnia. Cold water sponging of the neck, face and upper extremities is grateful to many patients. In the ten recent cases in which he has used hot-water enemata, flushing the colon, he has been more than pleased with the results. He has been repaid by allowing copious draughts of water—not warm until convalescence; nutrition should consist of boiled milk, with freshly expressed juice of beef. Dr. Joseph D. Rush, of Apalachicola, Fla., has had good results from salol in typhoid fever. A brunette, age 24 years, had fever reaching 105° by the seventh day. After the failure of calomel, soda and quinine, she was given the following:

℞ Salol.
Antikamnia.....of each dr. ss.
Quiniæ sulph.....gr. vi.
Mix. Make twelve capsules. Sig. One every three hours.

This prescription was kept up twelve days, when convalescence began. Alcoholic baths to the spinal column were given once a day. Diet was strictly boiled milk and beef tea. The other case was that of a colored boy, aged 13 years, temperature 105°. Same prescription, sponging and diet as above. Recovered. His conclusions are that salol as an internal antiseptic, with daily sponging of the body with alcohol, and with a diet of hot boiled milk, promises much in the treatment of low and continued fevers, with bowel complications.

CHLOROFORM ANÆSTHESIA.—The following ("Med. Rec.") is the method in use at the Göttingen Clinic by which the heart can be made to resume its action after apparently fatal paralysis from chloroform. Rapid impulses are given to the region of the heart by the hand of the surgeon, as many as 120 a minute. The operator stands at the left side of the patient, laying his right hand on the left side of the chest and placing the ball of the thumb half-way between the apex beat and the sternum. The left hand is applied to the right side of the chest and steadies. The rapid compressing motions are made with the right hand. Two patients have been revived by this method perseveringly applied for half an hour or more, after their restoration seemed hopeless. Heart contractions ceased whenever compression was interrupted, though shallow respirations continued spontaneously.

DR. BEVAN'S TREATMENT OF CHOLERA.—The elder Dr. Bevans had, during the several cholera epidemics which swept through Chicago, excellent results from the use of two formulæ; one as a prophylactic and the other as a therapeutic procedure. The first consisted of (MEDICAL STANDARD, Vol. VI.):

℞ Magnesi. sulph.....3 ii
Tr. capsici.....3 iv
Aquæ
Acid sulphurous.....aa 3 xvi
M. Dissolve perfectly. S. 3 i night and morning.

The therapeutic formula was:

℞ Acid sulphurous
Aquæ.....aa 3 xvi
Tr. capsici.....3 iv
Morphin. sulph.....gr. ii
M. S. 3 i every half hour until relieved.

SYRUP MITCHELLA COMPOUND.—This eclectic preparation for uterine ailments may be made as follows according to the "Western Druggist:"

Fld. ext. mitchella repens	fl. oz.	2
Fld. ext. helonias dioica	fl. dr.	4
Fld. ext. viburnum opulus	"	4
Fld. ext. caulophyllum	"	4
Syrup, enough to make	fl. oz.	16.

BETOL IN DIARRHŒA.—Dr. Huchard claims good results ("Bull. gen de Therap.") from the following:

℞ Betol.....gr. 30
Bismuth salicylate
Powdered charcoal, of each " 75
M. Ut. ft. cap. No. XX. S. One before each meal.

OBSTETRICS AND PÆDIATRICS.

PREGNANCY DISCOMFORTS.—Dr. J. P. Fearrington of Fairon, N. C., reports the case of a married woman who had a child fourteen years ago, a second child five years afterwards, and is seven months advanced in her third pregnancy. She has suffered for more than twelve years from endometritis, as well as chronic indigestion. During eight months of her second pregnancy she never ate a full meal, and as a natural consequence the child was weak and helpless. The first half of this pregnancy, her health was wretched; since then he has been gradually building her up with tonics. Fearing a miscarriage, he prescribed ponca, mitchella repens, caulophyllum, helonias and viburnum (Ponca Compound). In a week the improvement was marked. She reported a day free from the slightest ache, pain or discomfort, the first time in years. She has continued its use for five

weeks and is in better health and has a better appetite than since the birth of her first child. She is hopeful in lieu of despondent as in her former pregnancies.

SURGERY AND OPERATIVE GYNÆCOLOGY.

FEMALE BLADDER FOREIGN BODY.—Dr. S. Lloyd, of New York, reports ("Merck's Bull.") the case of a thirty-five-year-old widow who had a vaginal douche; but instead of the regular vaginal nozzle employed the rectal nozzle. On withdrawing the tube, the nozzle was left behind. On the supposition that it was in the "womb," she sent for her physician, who, knowing her to be a nullipara, was astonished to learn that the hard-rubber nozzle of a syringe was in the uterine cavity. A vaginal examination revealed a firmly-closed os. It was, therefore, supposed the nozzle had slipped off the tube and down the closet without being observed. Two days later she complained of a very severe ardor urinæ, making micturition so painful that she put it off as long as possible. It was then suspected that the missing nozzle might be in the bladder. On examination the meatus was red, tender and inflamed. He then introduced a searcher and struck a hard substance in the bladder. The nozzle had been inserted into the urethra instead of the vagina; and on attempting to remove it, a spasm occurred, the nozzle was pulled off, and escaped into the bladder. The nozzle was removed under cocaine. There was no resultant cystitis, incontinence of urine, or anything else attributable to the foreign body. Although this hard-rubber nozzle was retained in the bladder only two days the polished surface was already eroded, and two points of phosphatic deposit were noticeable.

VARICES OF THE LOWER EXTREMITIES.—Dr. Prawdoljubow ("Internt. Jour. of Surg.") treated cases by Trendelenburg's method, which consists of excision of a piece of the great saphena vein after previous double ligation. He employed this method in three cases of varices, eight cases of varicose ulcer of the leg, and one case of hæmorrhage from a ruptured varix. The operation was performed under cocaine anæsthesia and the wounds healed by first intention. The results were excellent. In eight cases the varices disappeared completely; in four cases they were scarcely noticeable. The pains and feeling of weight in the extremities were entirely relieved, the ulcers cicatrized rapidly; œdema was no longer observed after the operation. Recovery persisted in all the cases.

ULCERS OF THE LEGS.—Finzi ("N. Y. Med. Jour.") makes some very good suggestions regarding the treatment of ulcers of the legs when the patient cannot be confined to bed. In most cases of ulcers of an indolent nature a persistent course, an astringent iron tonic, with total abstinence from alcoholic stimulants, is of great benefit. Bandaging should not be left to the patient or friends, but should be done daily, every other day, or every third day, by the physician himself. Rest and elevation of the leg are useful adjuncts to treatment, and sometimes essential, but many ulcers can be cured without interfering with the usual vocations of the patients, and some seem to progress more rapidly then than when completely at rest. In most, if not in all, cases of indolent or callous ulcer an acute inflammatory condition of the ulcer and of the skin immediately surrounding it should be produced, to induce the absorption of the products of the chronic inflammation, and then it should be treated by sedative applications. Local applications are considered under three heads: those in which the medicament to be applied is dissolved in water, those in which it is applied dry, and those in which it is mixed with, dissolved in, or emulsified with oil. When water is used as a menstruum frequent dressing is required, and the method can not be carried out satisfactorily without rest in bed. When the water is allowed to evaporate, the dressing becomes practically a dry one. Sometimes this will give a brilliant result. Covering the application with an impermeable fabric or poulticing is sometimes soothing; in other cases it produces eczema, and in others œdematous granulations when continued too long. Under this heading Finzi considers the application of rubber bandages, which he condemns, as they keep the whole limb in a sodden and relaxed condition. The dry and the oleaginous dressings he considers the most useful when it is necessary for the patient to be abed. Foremost among the dry applications he places iodoform, especially when the ulcers are sloughing or spreading, and frequently when they are indolent. In many cases, iodoform causes, after one or more applications, eczema of the skin, irritation, burning pain, and profuse watery discharge, the condition required to start healing in callous and indolent ulcers. The oleaginous preparations may be divided into the stimulating and the sedative; the former for the indolent, the latter for the healing, inflamed, or eczematous condition. Of the former, the blister is one

of the most powerful and rapid; then come a strong iodoform ointment, carbolic oil, emulsion of coal tar in oil, and the official ointments of tar, resin, eucalyptus, salicylic and carbolic acids, and red and white precipitate. Among the sedatives are emulsions of lime water, a saturated solution of borax in olive oil or linseed oil, an emulsion of liquor plumbi subacetatis with oils, the ointments of zinc, oleate of zinc, calamine, boric acid, acetate and carbonate of lead, and bismuth. The ointment made of equal parts of oleate of bismuth and soft paraffin is particularly recommended.

AN OSTEOPLASTIC OPERATION FOR SPINA BIFIDA.—Bosroff ("N. Y. Med. Jour.") reports the following case: A boy, eight years old, had suffered from myelo-meningocele in the sacral region and from incontinence of urine and fæces since birth, and this operation was undertaken for his relief. A portion of the skin covering the tumor was removed, the whole of the sac was excised, and then the cleft in the bone, which corresponded to the third piece of the sacrum, was closed by a piece of bone taken from the crest of the right ilium, an inch and a quarter long, three-fourths of an inch wide, and nearly half an inch thick. The bony margins of the vertebral cleft were cut away and the displaced portion of bone was sutured in its new position, the part covered with periosteum being directed toward the interior of the spinal canal, and the cut, spongy surface backward toward the external wound. A profuse discharge of cerebro-spinal fluid persisted for several days, but the patient made a good recovery. At the end of the second month the transplanted fragment of bone had consolidated with the sacrum. After three months the boy had complete control over the rectum and no longer had nocturnal incontinence of urine, but was still unable to restrain the flow of urine when he was in the erect posture.

FEMALE URETHRA PROLAPSE.—Kleinwachter concludes ("Boston Med. and Sur. Jour.") that: Urethral prolapse is by no means so rare as has been generally supposed. The cause is as yet not fully understood. The age of the patient plays the most important part. Children are most frequently affected, probably as the result of the peculiar automatical relations of the bladder and urethra. Next to children, but much less often, women who have passed the menopause are affected. This is probably the result of senile involution. Women in the height of sexual activity are most rarely the subject of this affection, despite the fact that they are apparently most exposed to those injurious influences which might cause prolapse. Prolapse is of varying importance according to the place where the separation of the mucosa from its underlying structure begins, and in consequence calls for different measures. The separation of the mucosa in the lower part of the urethra with consequent prolapse requires only a simple operation, the removing with knife or scissors of the prolapsed mucous membrane and uniting the cut edges. If the mucosa becomes separated higher up in the urethra and later is crowded down, this is not a simple prolapse, but an inversion of the mucous membrane with collapse. Such a condition requires the opening of the urethra and the removal of a portion of the separated mucous membrane with subsequent suturing of the wound. If the prolapsed mucous membrane is removed regardless of the form of prolapse present, much damage may be done. Ligation of the prolapsed part is entirely contrary to the principles of antiseptic surgery.

HEPATIC ABSCESS.—Dr. Dabney ("Amer. Jour. Med. Sc.") concludes that hepatic abscesses rarely occur as a result of injuries or diseases of the bones or other parts of the body, except those directly connected with the portal system of veins, or immediately adjacent to the liver. Ulceration of the bowels is a common cause of hepatic abscess, but neither the morbid changes nor the symptoms are those of simple dysentery. It is probable that in most cases, at least, when the hepatic abscess is due to dysentery the latter disease is amœbic in character. An hepatic abscess may appear in two weeks from the commencement of the dysenteric attack, but the usual time is from four to twelve weeks. It is impossible to say how long a time must elapse after an attack of dysentery before all danger of hepatic abscess is past. Abscesses originating in the bile-ducts, and those due to injuries of the liver itself, seem to be of comparatively rare occurrence. When due to injury, the abscess usually appears in a few days. Abscesses occurring in connection with general septicæmia or pyæmia are probably nearly always multiple in number and small in size, but in rather more than half of all other cases the abscess is single and comparatively large. Abscesses due to gall-stones, however, are usually multiple. Aspiration occasionally fails to reveal an hepatic abscess, because the needle may not enter it, or the contents of the abscess may be too thick to

flow through the needle. There are no means of determining with certainty the presence or absence of adhesions in a given case; pain, tenderness and œdema over the seat of the liver suggest the presence of adhesions, but are by no means certain proof of their existence. Even the up-and-down movement during respiration of a needle inserted into the liver is not a conclusive proof that adhesions do not exist. Of the symptoms and signs of hepatic abscess, pain, tenderness and swelling in the hepatic region are by far the most important. Fever is present in a large proportion of cases, is intermittent in character, and except in pyæmic cases rarely rises above 102.5° or 103°. Jaundice and ascites nearly always denote the presence of dense adhesions or gall-stones. Dyspnœa and cough are frequently present. It is doubtful whether absorption of the contents of an hepatic abscess ever occurs; bursting is of frequent occurrence, the most usual direction being into a bronchus or the pleural cavity. Under expectant treatment death occurs in a large proportion of cases before bursting. With respect to treatment, free incision and drainage give far better results than any other mode. The results of aspiration are rarely satisfactory, nor is aspiration itself entirely free from danger.

GASTROSTOMY.—Dr. N. Senn, in a paper read before the British Medical Association, concludes: Gastrostomy is indicated in all cases of cicatricial and malignant stenosis of the esophagus and cardiac orifice of the stomach as soon as a sufficient quantity of food cannot be introduced into the stomach by simpler measures per viam naturalis. Gastrostomy for malignant obstruction on the proximal side of the stomach, if performed at a time when the patient is sufficiently strong to survive the immediate effects of the operation, is a comparatively safe procedure, and adds from a few weeks to six or eight months to the patient's life. In treatment of impermeable cicatricial stenosis of the esophagus gastrostomy not only furnishes a new inlet for the introduction of food into the stomach, and thus prevents death from starvation, but it often proves a curative measure in such cases, as the gastric fistula can be utilized for another purpose—successful retrograde dilatation of the stricture. The upper central part of the left rectus and the eighth intercostal space between the cartilages of the ribs are the most desirable points for the formation of the gastric fistula. If the patient's strength warrants it, the operation should be done a deux temps, as it is safer to postpone opening the stomach until firm adhesions have been formed between stomach and the circumference of the external incision, than to establish the gastric fistula at once. Fixation of the projecting cone of the anterior wall of the stomach in the abdominal wound is best secured by two long needles passed through the serous and mucous coats only, and suturing of the surface to the circumference of the wound. Leakage from the fistula can be prevented most effectually by making the opening in the stomach small, by the use of an inflatable double rubber bulb through which the feeding tube reaches the stomach, or by making an oblique tunnel in the anterior wall of the stomach as devised and practiced with success by Witzel. Solid food should first be subjected to thorough mastication and insalivation, when it is transferred by the patient from the mouth to a small funnel connected with the distal end of the feeding tube, from where, by blowing it through the tube, or, finally, it is aspirated into the stomach by the patient's sudden expiratory efforts. Mastication of food, as a preliminary step to introduction into the stomach, satisfies, at least in part, the sense of hunger, not always accomplished by liberal exclusive gastric feeding through fistula.

UTERUS TAKEN FOR A LYMPHATIC GLAND.—Dr. Poole removed ("New York Med. Jour.") a uterus from a child of 12 years, who had been admitted to the hospital on December 15, 1889, having then an oblong swelling over the left external abdominal ring. It had not been painful and had given the patient no inconvenience. It had been diagnosticated as an enlarged lymphatic gland. January 13, 1892, the child had been etherized and the tumor cut down upon. There had been found a white, glistening tumor, firmly attached by its pedicle to the inguinal canal and the external ring, which had subsequently been recognized as the uterus and its appendages. The entire uterus, with the tubes and the broad ligaments, had been entirely without the external ring. The tubes and the ligaments had not been developed. The tumor had been tied off close to the external ring, and the wound closed. Vaginal examination had shown the vagina to end in a cul-de-sac about an inch behind the hymen. The patient was discharged recovered February 14, 1892.

TRANSPLANTATION OF AN EYELID.—The following case is reported by Douthwaite ("N. Y. Med. Jour."): A Corean official had lost part of the lower eyelid, and prevailed upon a slave for a consideration, to furnish his own eye-

lid for transplantation. Both men were chloroformed and the margin of the official's eyelid was prepared first by scraping and then making a deep slit along its whole length. The lower lid of the slave was then seized and its margin slit off in a wedge-like piece, which was quickly inserted into the slit prepared for it in the other eyelid and adjusted by means of fine sutures. It was then washed with a 1-to-1,000 bichloride solution and a pad of antiseptic lint was applied. On the second day the circulation was fully established in the transplanted tissue and the eyelid looked natural. On the third day everything was doing as well as could be desired, but that night, while half asleep, his eye feeling somewhat uncomfortable, the patient gave it a vigorous rubbing with his hand, which completely ruined the work that had been done. Douthwaite believes that with the observation of greater care the operation would probably have proved successful.

OPERATIONS ON THE NOSE.—Dr. Clarence C. Rice concludes ("Post-Graduate") the only way to become skillful with instruments of examination and expert in diagnosis is to personally examine the upper respiratory tract of as many patients as possible. Cases for operation on the nose should be selected only after careful deliberation, and the relation in size between the obstruction and the total capacity of the nostril should be considered. When in doubt about the necessity for operation, try for a time treatment by topical application. There are many cases of so-called "hypertrophic rhinitis" where the apparent hypertrophies are nothing more than erectile tissues distended by blood or serum, and many of these do not require the application of any destructive agent. The effect of a weak solution of cocaine upon these will aid in their diagnosis. We do not find advanced hypertrophic changes in young people. The soft tissues are usually nearly normal, so it is not wise to injure physiological tissues by operative procedure. Deformities of the nasal septum are usually the first pathological condition to appear, and are the cause of the later changes in the soft structures of the nose. The removal of this septal lesion should first claim the attention of the operator. Do not produce by operative measures large ulcerations on the septum, if they can be avoided, as there may be present in the case some constitutional vice, and therefore the ulcerations will be healed with difficulty. Nothing is more efficacious in their treatment than the use of antiseptic washes and covering.

ABDOMEN GUNSHOT WOUNDS.—Dr. Lippincott concludes ("Univ. Med. Mag.") that in about 90 per cent of penetrating abdomen wounds the viscera are involved. In most abdomen gunshot wounds the intestinal lesions are multiple. When the viscera are wounded, fæces and gas or finding the ball in the fæces are the only pathognomonic symptoms. Complete repair may occur naturally in viscera wounds by prolapse of mucous membrane, plastic lymph exudation bringing a healthy surface over the intestinal rent and finally cicatrization. Statistics do not show better mortality by operative procedures than by conservative treatment. Stomach and small intestine wounds are graver than large intestine. Shock per se is not an internal hæmorrhage symptom. Gunshot intestine wounds usually cause death by septic peritonitis, albeit death by shock and hæmorrhage is not rare. The hydrogen gas test is not infallible. Statistics do not justify laparotomy, except in well-selected cases particularly where there is pronounced hæmorrhage. Laparotomy has increased the mortality from abdomen gunshot wounds. Localized peritonitis must occur to attach wounded gut to healthy peritoneal surface. The indications for treatment are to promote reaction, control hæmorrhage, stimulate hypodermically (nothing by mouth) and feed by rectum till perfect adhesions have formed.

ANDROLOGY AND DERMATOLOGY.

CARDIAC SYPHILIS.—Semmola ("La Trib. Med.") states that independently of the cardiopathies, secondary to arteritis or arterial scleroses of luetic origin, there occur primitive cardiopathies which develop in old luetics and may produce the gravest cardiac disorder. He had under observation a cardiac case whose symptoms were such as defied all treatment and whose origin was uncertain. The patient was given mercury bichloride subcutaneously and large doses of sodium iodide internally. In four weeks all cardiac symptoms vanished. Several cases of this type have occurred varying from simple arhythmia to decided cardiac symptoms. Cardiac symptoms in old luetics, Semmola claims, should be subjected to antisyphilitic treatment.

GENERAL MEDICINE.

FIBROID PHTHISIS.—Sir Andrew Clark insists that fibroid phthisis can occur independently of bacilli. In three cases of non-bacillary fibroid phthisis selected by him examinations by bacteriologists failed to demonstrate bacilli.

Correspondence.

SAJOUS' ANNUAL.

[To the Editor]: The Annual of the Universal Medical Sciences sent by the F. A. Davis Company, will probably have reached you by this time. I am much pleased to say that it has appeared somewhat earlier this year than usual. Had it not been for an unexpected obstacle, we should have been able to do even better. Difficulties, as they arise, are gradually being removed, and I sincerely hope that the time will come when none need be feared.

Some contemporaries have stated with truth that I was to be absent in Europe for three years. The true motive of this absence has been kept in darkness to avoid counteracting influences. As you know, the contributions of American physicians do not receive the recognition to which they are fairly entitled on the continent. This is not due to willful disregard of the work done in this country, but mainly to the fact that the English language is not read as easily as French or German. The plan of the "Annual" naturally brings within a limited scope a great number of American writers, but few of whom are quoted, abroad, and I hope, by presenting an edition of the work in the French language, soon to obtain for our conferrees the recognition due them.

A feature of importance in the next "Annual" will be the insertion, when possible, of the address of each author quoted. You can readily appreciate the value of this new step. John Smith of Lebanon, Pa., can be distinguished from hundreds of the same name practicing in this country and England. The individual is properly recognized—so is his country. Were each journal to give the address of its contributors, this improvement could easily be effected.

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1632 CHESTNUT ST., PHILADELPHIA.

LYCOPUS.—Bugle weed (Lycopus Virginicus) according to Dr. Felter ("Eclectic Med. Jour.") is of great value in acute pulmonary complaints, and of still greater utility in chronic lung troubles. It acts as a gentle sedative and tonic. It reduces the frequency and force of the heart's action, and is indicated in pulmonary lesions with irritation and cough, with tendency to hæmorrhage. It is particularly valuable in chronic cases with copious secretion of mucus or muco-pus. It lessens irritation, allays the distressing cough, so frequently encountered in chronic bronchitis, pneumonia, and consumption. By its action as a nervine it gives rest and quiets pain. By its control over the circulatory apparatus it slows the pulse and brings down the temperature. Tumultuous action of the heart and consequent increase of circulation through the lungs are controlled by it. It may be employed in acute cases to control fever and inflammation. Here it gives rest, alleviates the pain, quiets the vascular excitement, besides allaying the irritative cough. It is an excellent remedy for hœmoptysis, especially in those cases where the bleeding is small in amount yet frequent, or it may be administered to prevent the tendency to hœmorrhage in phthisis. In consumption it serves to relieve the distressing symptoms, and may be administered in drop doses every hour. It is valuable in acute as well as chronic pneumonia. In ordinary acute catarrh it may be administered with aconite, eupatorium, and other indicated agents. It is indicated by chronic cough, mucous or muco-purulent expectoration, frequent pulse, high temperature, tubercular deposits, albuminuria, with vascular excitement.

DIURETIN IN CHILDHOOD.—Dr. Demme has given ("Jour. Amer. Med. Assoc.") this substance to eleven children suffering from various forms of dropsy. He finds diuretin applicable in childhood from the end of the first year, a valuable diuretic and free from injurious action. The diuretic effect appears to be due to its action on the epithelium of the kidneys. The at times excessive dropsy of scarlet fever nephritis appears, after the expiration of the first acute stage of the nephritis, to be more quickly overcome by diuretin than by any other treatment. Dropsy from mitral insufficiency can generally, after compensation of the latter by digitalis, be quickly cured. The daily dose for a child two to five years old is 0.5–1.5 grams, from six to ten, 1.5–3.0 grams of diuretin best taken in 100 grams of water with the addition of ten drops of cognac and 2.5 grams of sugar. No cumulative action has been observed nor weakening of the therapeutic effect after several weeks' use.

SALOLATED RETINOL IN CYSTITIS.—Desnos ("Rev. de Clin. et de Therap.") has had excellent results from irrigation of the bladder in sub-acute cystites with salolated retinol. The quantity used varied between five and thirty grams.

State Items.

ARKANSAS.—Dr. S. P. Sample died September 9.

CALIFORNIA.—Dr. A. H. Agard of Oakland died September 1.—*San Francisco.*—Dr. W. C. Poulson has been sued for alleged malpractice.

COLORADO.—Dr. E. F. Berkele of Canon City died recently.—*Denver.*—Dr. L. Jarvis has located here.

CONNECTICUT.—Dr. T. Connell has located at Hartford.—Dr. H. Pierpont of New Haven died recently.—The following have been appointed post surgeons: Hew Haven county—Drs. C. Purdy Lindsley, New Haven; Alfred North, Waterbury; N. Nickerson, Meriden; George L. Beardsley, Derby; E. B. Heady, Milford; G. P. Reynolds, Guilford; J. D. McGaughey, Wallingford; Walter H. Zink, Branford; W. C. Williams, Cheshire; Franklin B. Tuttle, Naugatuck. Litchfield county —Drs. C. O. Belden, Litchfield; William Bissell, Salisbury; J. C. Barker, New Milford; Edward H. Welch, Winchester; Leander Y. Ketcham, Woodbury; Edward Stanford, Cornwall; William Woodruff, Thomaston; William L. Platt, Torrington; Eugene C. French, Watertown; Orlando Brown, Washington.—Dr. F. C. Graves of Stratford married Miss T. E. Damon September 13.

DISTRICT OF COLUMBIA.—*Washington.*—Dr. T. R. Sewall died recently at the age of 86.

FLORIDA.—Dr. T. P. Lloyd, of Ocala, recently married Miss C. A. Onley.—Dr. D. S. Lyon, of Winnemissett, died recently.

GEORGIA.—Dr. W. P. Gilmer has located at Macon.—Dr. Strickland, of Cove Spring, died September 16.—Dr. D. R. Beckwith, of Atlanta, died September 17.

ILLINOIS.—Ancona needs a physician.—A good physician (German preferred) is needed in Addison, twenty miles west of Chicago, on the Illinois Central R. R. Addison has a seminary and an orphan asylum, and a paying practice is assured from the start.—Dr. Coyner of Peoria has had under treatment an hysteric who swallowed twelve pins, producing neuralgic symptoms. They have been removed since.—Dr. Jas. Picquet of Newton died September 8.—Dr. F. D. Paul of Cambridge has located at Rock Island —Dr. J. S. Ryburn, of Ottawa, died September 21; Dr. E. Cronin, of Galena, September 20 at the age of 81, and Dr. J. M. Parker, of Buffalo, September 19.—Dr. F. J. Stahle, of Morris, has removed to Joliet.—Dr. G. W. Foote, of Galesburg, died September 4 at the age of 63.—Drs. R. Eichler, of Merodosia; M. B. Stuckey, of Galesburg; N. P. Thompson, of Marine; J. E. Tremaine, of Hyde Park; L. A. Westgate, of Sycamore; W. H. Bennett, Grand Crossing; N. P. Collins, South Chicago; H. T. Fitch, Teutopolis; A. W. Hartman, Waukegan; S. Y. Newell, Lakeland; E. B. Thompson, Berwick; Charles E. Tucker, Ippa; J. C. Bennet, of Sarauna; C. H. Gardner, of Dwight; L. J. Miller, of Mt. Olive; W. E. Rice, of Tuscola; A. F. Wisner, of Danville; F. Brockway, of Chatsworth; E. H. Hancock, of Bartonville, and W. R. Harper, of Eddysville, have been licensed to practice.—Dr. D. S. Booth, of Sparta, died September 21.—Dr. W. T. Easley, of Greenville, has been appointed Vandalia R. R. surgeon and Bond county coroner.—*Chicago.*—The State Board has licensed Drs. A. U. M. M. Demerins, J. W. Van Winkle, A W. Barraclough, E. N. Case, J. C. Culbertson, C. J. Heyn, O. E. Larkin, K. L. Norgen, T. D. Rogers, George E. Shuey, William Truddgeon.

INDIANA.—Dr. J. C. Shaw, of Rossville, died recently.—Dr. A. L. Newkirk, of Seymour, died September 4.—Dr. Ferguson, of Pikeville, died recently.—Dr. P. Schwen, of Elkhart, recently married Miss K. X. Boyd.—Dr. D. Rogers, of Alexander, died September 1.—*Indianapolis.*—Dr. J. Chambers died recently.—A new state insane hospital is imperatively needed.

IOWA.—Dr. S. Haskin, of Earlville, died September 10.—Dr. L. Stevens has located at Des Moines and Dr. Hammer at Newton.

KANSAS.—Dr. D. D. Cunningham, of Ann Arbor, has located at Seneca.—Dr. J. M. Ellis, U. S. A., of Fort Riley, married Miss J. B. Chusman September 15.

KENTUCKY.—Dr. W. Brothers, of Versailles, died recently.—Dr. E. Poyntz has located at Broadwell.

MAINE.—Dr. F. J. Small, of Bath, died recently.

MARYLAND.—Dr. J. H. Holton has been appointed physician to the Ruthsburg insane-hospital. —Dr. E. W. Haines, of Newark, recently married Miss J. Griffith.

MASSACHUSETTS.—Dr. Brown, of Duxbury has removed to Plymouth, and Dr. Plummer, of Cambridge, succeeds Dr. H. N. Jones, of Kingston, who retires after a semi-centenary of practice.—Dr. J. M. Coghlin has located at 12 Dwight street, Holyoke.—*Boston.*—Dr. T. W. Parsons died September 5.

MICHIGAN.—The hospitals at Ann Arbor are overcrowded.—Dr. R. C. Dundas of Ludington has removed to Grand Rapids.—Dr. N. D. Yale of Deerfield recently married Miss Edgcumbe.

MINNESOTA.—Dr. J. C. Rosser of Aitkin has removed to 551 Selby avenue, St. Paul.—Dr. A. P. Williamson, of the Fergus Falls insane hospital, has resigned.—Dr. J. S. Tracy has been appointed Winona health inspector.—*Minneapolis.*—Dr. W.

A. Spaulding has relocated at 318 W. Franklin avenue.—Dr. W. O. Stephens died September 8.

MISSOURI.—*St. Louis.*—Drs. J. M. Hoffman, H. C. Duke, and St. J. Bradley of the Female Hospital have resigned their assistantships.

NEBRASKA.—Dr. E. F. McClelland has located at Alliance.

NEW HAMPSHIRE.—Dr. W. Wilkins, of Manchester, died recently at the age of 63.—Dr. H. F. Adams, of Peterborough, died recently.

NEW JERSEY.—Dr. O. W. Budlong, of Washington, D. C., has located at Atlantic Highlands.—Dr. J. F. Duncker, of Newark, died recently at the age of 83 —Dr. J. J. Broderick, of Jersey City, recently married Miss Carlin, Dr. Jas. Green, of Elizabeth, Miss Fisher, and Dr. E. L. Riegel, of Bloomsburg, Miss Farrow.

NEW YORK.—Dr. Neville has located at 6 Crosby street, Jamestown.—Dr. F. D. Foster of Union, W. F. Duncan of Williamsbridge, and A. C. Taylor of Malone, died recently.—Dr. J. A. Knapp of Mt. Vernon recently married Miss E. Scheack.—Dr. Geo. Saxe of Madison has been appointed first assistant physician at Dr. Strong's sanitarium, Saratoga.—Dr. G. W. Peterson has located at Waterloo.—*Brooklyn.*—Dr. S. J. Brady died September 8.—Dr. C. S. Perry has resigned his Kings county insane hospital assistantship.—Dr. R. H. Folger died recently in his ninety-first year.—*New York City.*—The "Circle of Willis" is the title of a local physicians' club.—A death under ether occurred in a sixteen year-old boy while undergoing finger amputation at the Chamber Street Hospital.—Dr. Douglass has under care a female who insists she cannot obtain work except in male attire.—A patient was admitted to Charity Hospital with an eruption closely simulating tuberculoid leprosy. The case proved to be one of phosphorous poisoning and jaw necrosis set in requiring exsection.—Dr. Cushing injected into a forty-two-year-old man two drams of a 4 per cent solution of cocaine to deaden the pain of an operation. The patient was almost immediately thrown into convulsions, and died within five minutes. The autopsy showed the heart, lungs, brain, kidneys, liver and spleen greatly congested.

NORTH CAROLINA.—Drs. Sumner McBee, of Lincoln, and C. Duffy, of Berne, died recently.

OHIO.—Dr. W. H. Halliday, of Cleveland, has been sued for alleged malpractice.—Dr. J. W. White, of Upper Sandusky, died recently.—Dr. Coleman recently married Miss K. Hatch.—The state insane hospital is to be located at Massillon.—Dr. G. W. Bushnell, of Hartford, died September 14, at the age of 92.—Dr. Berechner has been appointed state medical inspector at Youngstown.—Dr. L. Lewis, of Springfield, died September 10.

OREGON —Dr. C. H. Wheeler has been appointed Portland city physician.—Dr. R. D. Page has located in Roseburg.—Dr. Bowen Porter, of Gold Hill, died recently.—Dr. J. A. Low, of Portland, died September 11.

PENNSYLVANIA.—Dr. W. S. Brentzholty, of Hughesville, has located at Columbia.—Dr. J. W. Lowry has been appointed superintendent of the Lackawanna Hospital, Scranton.—There has been a very fatal dysentery epidemic in the Norristown insane-hospital female department.—Dr. A. McNamorce has located at Susquehanna.—*Pittsburg.*—Dr. J. S. Dickson died September 4.—Dr. H. J. Powers recently married Miss A. Lewis.—Dr. G. Grove, of Carlisle, died September 14 at the age of 82.—Dr. C. A. Williams has located at Union City.—Dr. F. A. Koch, of Hanover, died September 1.—Dr. G. C. Burnley has located at Lockhaven.—Dr. L. Sutton, of West Newton, died September 13.—Dr. J. M. Deaver, of Buck, died recently.—*Philadelphia.*—Dr. J. J. Reese, the toxicologist, died September 4.—Dr. E. O. Shakespere succeeds Dr. Leffmann, resigned, as port physician.—Dr. C. F. Wittig died September 13 at the age of 85, after sixty years' practice.—Dr. T. S. Bruce died September 14.—Dr. A. P. Seligman has located at Pottsville.

WISCONSIN.—Dr. T. C. Dodge succeeds Dr. Hanner resigned as Northern insane-hospital assistant physician.—Dr. O. D. Colman, of Pardeeville, died September 20, at the age of 71.—Drs. A. W. Trewitt, and Margaret Trewitt, of Wausau, have removed to LaCrosse and Dr. C. M. Gould, of River Falls, to W. Superior.

BRAIN EXHAUSTION.—In the busy struggle for existence the battle of life is no longer fought with the hands, but by the brain. The demands made by the efforts of the brain-worker upon the nervous system are excessive. No matter what powers of endurance the body may possess, the restless tenant exhausts them. Especially is this true of those slightly built persons with well-vaulted foreheads and small viscera. Their restless energy brings about a break down; the assimilative organs cannot supply the nutritive pabulum of the nervous system in sufficient quantity, the store becomes exhausted, and then the brain power gives way; the work that once could be accomplished with ease becomes a grievous task, and a little later on the capacity to discharge it is no longer present. The patient is sent away for rest. After a long rest and appropriate food the nervous system is once more for a time equal to the demands likely to be made upon it.

The treatment of mental overwork is absolute rest, with a generous diet that will make at. As the nervous substance is largely made up of fat with phosphoric acid (lecithin), its nutrition must be maintained by PROTEINOL. Proteinol is composed of the entire egg, digestible fat, brandy and maltose. One tablespoonful Proteinol should be given every two hours.

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VACCINATION AMONG THE INSANE.

BY M. J. MADIGAN, A. B., M. D., BROOKLYN.

Small-pox was at one time introduced into an insane-hospital with which I was at the time connected. It became necessary therefore to vaccinate the patients, a matter of some difficulty since the persecutory delusional lunatics entertained fear of possible poison by this means. One hypochondriacal paranoiac evolved the curious delusion that his enemies had chosen vaccination as a means of introducing spermatozoa into his system and had thereby impregnated him. These delusions, while interesting from an alienistic standpoint, are not the features to which I wish direct special attention.

Féré has recently reported* certain phenomena among paralytics which resemble those I have noticed among the insane.

In that part of the insane-hospital of which I was in charge were congregated paretic dements, paranoiacs with dominant persecutory delusions, secondary confusional lunatics, hebephreniacs (puberty lunatics) and terminal dements. These were vaccinated and the phenomena therefrom resulting might be divided into four classes: Those in which vaccination beneficially influenced pre-existing insanity. Those in which it exerted an unfavorable influence. Those in which complications resulted and, finally, those in which neurotic dermatoses appeared. The psychoses most favorably influenced by vaccination were acute, atonic and agitated melancolia, paranoia with persecutory delusions, paretic dementia and secondary confusional insanity.

In all cases where such influence was exerted vaccination was followed by high fever, an extensive variola-like eruption, and great constitutional disturbance.

On the subsidence of the fever (which in some cases reached 102°), the patient (if a melancholiac) became much more cheerful, and occasionally persecutory delusions were temporarily in abeyance. One case, which had been at a standstill for some months prior to vaccination, permanently recovered.

The paretic dements who were attacked by boils, after subsidence of the vaccination (usually located on the most affected side) were for a short time lucid and quiet in demeanor, but the physical symptoms of the psychosis persisted.

The agitated melancholiacs were quiet and cheerful during constitutional vaccinia symptoms, but after these had disappeared all but two returned to their usual state. These two improved from that time, and permanently recovered.

Three paranoiacs with dominant persecutory delusions became quiet, cheerful and lucid during the vaccinal fever but resumed their usual state on its disappearance.

Four secondary confusional lunatics were able to carry on coherent relevant conversations during the constitutional disturbance but on its subsidence returned to their ordinary mental state.

In a large number of cases vaccination exerted a decidedly unfavorable influence. Delusions of infection with syphilis, with variola, with scrofula, of poisoning, of paralysis, of loss of identity, appeared after the vaccinal fever's subsidence. Many of these resembled the absurdly ludicrous consequences of vaccination as described by vaccinophobiacs.

In paretic dements certain trophic changes made their appearance. The toe nails in four cases droped off. In one case vthæmatoma made its appearance during the height of the vaccinal fever. In some paretic dements large bullæ made their appearance on the most paretic side, which subsequently gave way to indolent ulcers. The hair of one paretic dement became gray on the least paretic side while an extensive vaccinal eruption covered the opposite side. In the case of a luetic paretic dement, the luetic affection took on a seemingly malignant type. In two cases of paretic dementia apoplectiform attacks came on during the vaccinal fever.

In three cases of melancholia attonita, complicated with its Raynaud-disease-like symptoms, gangrene of fingers and toes resulted from

*"Review of Insanity and Nervous Disease," 1892. Vol. II.

the vaccination. Two cases of melancholia attonita suffered from phthisis, which had run the usually not well-worked, sub-acute course of phthisis in the insane. After the vaccination it assumed an active, galloping type. One acute melancholiac displayed glycosuric symptoms during his attack of vaccinia, which, however, vanished on recovery therefrom.

The dermic phenomena displayed during vaccinia were varied. In some cases the eruption (which in at least forty-two cases was generalized) displayed a tendency to appear in patches of two or three pustules. In other cases there was a tendency of the eruption to follow the course of a nerve. In other instances the former places of vaccination became seats of pustules, which began soon after, and ran about the same course as the vaccination pustule.

PLACENTA PRÆVIA.—Dr. T. Hutson Ford concludes ("Amer. Gyn. Jour.") that the dangers of placenta prævia, as well to the mother as to the child, are due to the development of the placenta upon the lower uterine segment, and to the canalization of this segment during labor. While the first condition cannot be avoided, the second should not be permitted in placenta prævia totalis, or partialis. Delivery should be by Cesarean section. In placenta prævia marginalis, if the circumstances were favorable, the os easily dilatable, the condition of the mother and child good, the head presenting or capable of being readily brought to engage, and the hæmorrhage arrested or moderate, it would be well to follow the method of intra-uterine and vaginal tamponade and deliver by forceps if the child should be in danger. But if the os were rigid, the hæmorrhage profuse, the presentation lateral, the cord prolapsed and not reducible, or the fetus evidently suffering, he would have immediate recourse to Cesarean section. The Cesarean section should be performed as soon as the diagnosis is established and the condition of the mother permits, to the exclusion of all other methods, as an elective and primary operation, in all cases of placenta prævia totalis and partialis, and as soon as the conditions warranting it, in placenta prævia marginalis, have been satisfactorily determined. In the graver forms of placenta prævia, the Ceserean section should be practiced as a prophylactic measure, in place of any attempt to deliver by natural passages, after the first hæmorrhage. In cases where hæmorrhage is late, or sets in only as labor begins, and where, consequently, the placenta is most probably attached laterally, it is advisable, until this entire subject has been practically tudied, to deliver per vagina, as a rule. If, therefore, the cervix be easily dilatable, and the hæmorrhage moderate, the procedure suggested in smore hopeful cases of marginal implantation may be used. But even here an undilated os associated with severe hæmorrhage constitutes a very serious condition. If the rigidity were due to fibrosis, it should be abated by multiple incisions; if no carcinoma, the radical Cesarean section would be indicated. If the cord were prolapsed and after reposition still descended, the os being partly dilated, and not dilatable, dangerous hæmorrhage continuing meanwhile, the Cesarean section would be unquestionably indicated for the safety of mother and child.

THE PALATE AND DEGENERACY.—Charon states ("Gaz. des Hop.") that the hard palate presents morphological modifications in 10 per cent of sane individuals. The palatine anomalies exceed in frequency (80 in 100) all other physical anomalies that characterize degeneration. They can be reduced to a small number of more or less distinct or composite types. The principal ones are the flat, the pointed, the dome-shaped and the angular. These anomalies are, in certain cases, the only sign of the physical degeneration. They are never in the ensemble of other malformations (of the cranium, the ears, the eyes, the limbs, etc.); and, finally, they can be more readily detected than other anomalies. Those of the hard palate follow an ascending scale in proportion to the stage of the degeneration, from the flat to the angular-asymmetric type. They are relatively infrequent (35 in 100) in paretic dements, and still more rare (25 in 100) among the persecutor delusional. On the other hand, anomalies are very frequent (82 in 100) among idiots and imbeciles; among the hysterically insane (70 in 100); among epileptics (76 in 100); among maniacs, melancholiacs, "circular" and intermittent cases, etc. (80 in 100).

AROMATIC LAXATIVE ESSENCE ("Weekly Med. Review") is officinal in the Strasburgh Pharmacopœia. It is an excellent laxative

℞	Black hellebore.....parts,	60
	Jalap..... "	60
	Scammony..... "	30
	Canella..... "	12
	Cloves..... "	12
	Calamus..... "	12
	Proof spirit..... "	750

Mix and macerate the drugs in the spirit for eight days. Strain, express, and filter.

TUBAL PREGNANCY DIAGNOSIS BEFORE RUPTURE.*

BY J. E. RIGGS, M. D., PITTSBURG.

April 7th, 1892, I was called to see Mrs. A., aged thirty-four years, with the following history: Married twelve years; never had a child, though she miscarried once about seven years ago at six weeks to two months. At the time I saw her she was suffering severe pain in lower part of abdomen more or less constant. At the last period had not changed to any degree, but had been suffering more than usual with soreness and pain in pelvis.

She had suffered a good deal of pain in that locality for years, for which she had frequently sought relief by treatment without success; at this time there was a bloody discharge with more or less shreds of tissue.

Bimanual examination revealed the uterus little if any enlarged, no tenderness, the right tube and broad ligament somewhat enlarged, but movable. I thought it possible that she was pregnant, but could not satisfy myself fully on that point. Leaving an anodyne and ordering perfect quietude, I left for the night. I saw her again daily for three days, when the nurse showed me a piece of animal tissue resembling very closely a part of a placenta, with the statement that the trouble was all over now. Not feeling quite satisfied, I mopped out the uterine cavity with a strong ethereal solution of iodine, At this time I did not make a bimanual examination. For several days she was quite comfortable, got up and went about her work, the discharge almost disappearing. I did not see her again until May 13th, when she looked quite pale and exhausted. I ordered her back to bed. She complained that the old pain had returned, but not so severe, and that it would last about three hours in each twenty-four and then be quite easy for the rest of the day; this would come on each day about four o'clock. I returned three days later, having been away from town in the meantime, and found about the same general condition.

Not feeling clear as to her condition, I made another bimanual examination; at this time I found the apparent thickening in the right tube had developed into quite a distinct tumor, oblong in shape, movable, attached at one end to the uterus, on which it could be moved as by a hinge. When drawn away from the uterus it would drag it with it, but it could be moved in any other way without affecting it. The shape of the tumor, the fact that it was not inflammatory and attached to the uterus the way it was, and that it had enlarged so rapidly, together with a history of possible pregnancy and the discharge of what seemed to be placental tissue, which I was now convinced had been the decidua, pain at periods and pinched expression, left little doubt in my mind that I was dealing with a tubal pregnancy.

I informed her of the nature of the growth and asked that Dr. Buchanan see the case, and, if he would concur, advised that she be operated on without delay. The following morning Dr. Buchanan saw her with me, and concurred in my diagnosis. Accordingly, on the 21st instant, she was opened and the tube removed, it bursting in the delivery. The fœtus was not found, but the placenta was there, well marked. The case did not have any unfavourable symptoms in the process of recovery.

Dr. Buchanan said that this was the only case reported in this vicinity where the diagnosis was made previous to rupture of the sac and confirmed by the operation. When he called to see the case he fully concurred in the diagnosis, and a few days later operated. The tube was found to be distended to the size of a large lemon. It burst while being drawn through the incision. The operation was attended by no difficulty and the patient made an uninterrupted recovery. Diagnosis of extra-uterine fœtation before rupture is considered by many authorities impossible, but in this case it was made by Dr. Rigg.

Dr. Werder congratulated Dr. Rigg on the correct diagnosis. He had been present at the operation and examined the specimen. There was no fœtus in the tube after removal. The question would come up, what became of the fœtus? There are two ways in which the fœtus could have disappeared. The first way is the death of the fœtus from some cause and absorption, and probably that is what happened in this case—that is, tubal abortion. The fœtus may be expelled into the abdominal cavity and absorbed, and, according to some recent investigations in this matter, he believed this rather a common occurrence. Cases of the former kind terminate not by a sudden shock, as in case of rupture into the abdominal cavity; there is not that marked anæmia accompanying it, but at the same time there are severe pains and cramps.

*Allegheny Co. (Pa.) Med. Soc. Trans. Cond.

SEXUAL IMPOTENCE.*

BY BRANSFORD LEWIS, M. D., ST. LOUIS.

Physiologists have taught that erection, that prerequisite in the male organ for copulation, was established by an active increase in the amount of arterial blood flowing into the penis, together with a coincident and abrupt decrease in the amount of venous blood flowing out of it; that the influences which stimulate to these processes come from the erigent nerves of the spinal genital center. Tracing these physiological sequences still further back, it was known that such erigent nervous influences originated in three different localities of the organism: (1) in the brain; (2) in the spinal chord; (3) at some part of the periphery. Illustrations of these parts of the body, as such erigent sources were seen in (1) the man who gets an erection from viewing an obscene picture (originating impression in the brain); (2) the painter, whose spine is injured by a fall, and who gets prolonged priapism therefrom; (3) the masturbator, who arouses erection by friction of the penis, scrotum, etc,

Therefore, there were three sources of primary origin for erection; and, conversely, if either of these was diseased, the organism was liable to lose it as an erigent center. And if the conducting mechanism became disordered, the same result was liable to ensue. Our aim, then, should be to study the conditions that produce disorder of these four parts of the economy.

Using the classification of cases of impotence which I think most convenient—that is, organic, psychic, and symptomatic—I shall confine my discussion to the latter variety.

Noting, but not dwelling on, the various debilitating influences, such as diabetes, consumption, fatigue from either mental or physical over-work, sedative medicines, etc., as factors in the production of male impotence, I wish to bring into especial prominence the relationship existing between impotence and such causes as masturbation, excessive sexual indulgence, chronic gonorrhœa and other directly genital affections.

Since the prostatic urethra was the sensitive area, the focal point, of nervous impressions on the genital system; the seat of the pleasurable sensations in intercourse, and the point to which, by virtue of its intimate nervous relationship with the various other parts of the genital apparatus, irritations from them were referred, it was the point which naturally bore the brunt of abuses or disorders of these parts. So that in cases of organic stricture, of prolonged or adherent prepuce, etc.; of sustained (especially ungratified) sexual excitement, of repeated masturbation, chronic urethritis, etc., it was natural to expect disease of the prostatic urethra as a result. And when it was known that disease of the prostatic urethra was, in turn, capable of so deranging the spinal genital center as to deprive it of its power of sending out the nervous influence previously mentioned as indicating erections—in other words, that disease of the prostatic area was capable of depriving a man of his virility—then the key to impotence from these disorders and habits was furnished, and paths for appropriate treatment were supplied.

The rational plan for therapeutic action, consequently, was based on, first, the removal of the habit or disease that was producing the disordered prostatic urethra; second, the remedying of the prostatic urethral inflammation, and in that way restoring the health and functioning capacity of the genital or erectile center in the spinal cord. In the mode of conducting this plan of treatment resort is had to the use of antero-posterior urethral irrigations of astringent (preferably zinc) solutions; of deep urethral injections of silver nitrate solutions in progressively increasing strengths; the intermittent passage of increasing sizes of steel sounds; endoscopic treatment; the psychrophor, perineal douches, etc. In my opinion, it is manifestly improper to give aphrodisiacs in such cases, since they excite erethism by congesting the genital organs—an effect directly opposed to the one desired for an inflamed posterior urethra. The end aimed at is the restoring of the health of the affected parts, rather than goading them into unnatural activity with unnatural stimulants.

* Miss. Valley Med. Ass. Trans. Cond.

LYSOL IN EAR DISEASE.—Haug ("Jour. de Med. de Paris," p. 13) recommends irrigation with a centesimal solution of lysol in the treatment of meatus otorrhœa. In cases of co-existing and tympanic membrane inflammation, irrigation is preceded by instillation of a few drops of a solution of forty-eight grains cocaine hydrochlorate in a half ounce each of distilled water and alcohol.

OSTEOTOMY IN OLD UNREDUCED FRACTURE.*

BY F. BEDFORD ZEIT, MEDFORD, WIS.

The following case came under my care: A 56-year-old farmer, of melancholic disposition, whose general health was run down by being confined to house and bed for eight months, and under the most unsanitary conditions. He fell from a wagon, and broke his left leg. A quack was called who applied some bandages without reducing the fracture, and excused himself afterwards with the graphic statement that the leg had not become straight "because the whole foot had gone into pus." Seven months after the accident, the case was seen by a physician who advised amputation of the leg, but could not obtain consent to the operation. A month later I was called. The tibia had been broken about three inches above the internal malleolus, the fibula about an inch higher. A solid callus had united the tibia at an angle of 120 to 130°; the upper fragment overlapping the lower so much that the integument was tightly stretched over the angle formed at this point. The astragalus was normally located between the malleoli, with normal flexion and extension movements, no side motion being possible. He was unable to stand on this leg, and suffered excruciating pain at the site of the large callus formation, which caused him to submit to an operation.

The parts being shaved, cleansed and washed by a 1:1000 sublimate solution, and the patient etherized, I first made a slight attempt at refracture (osteoclasis), which was unsuccessful. In view of the long standing of the case (eight months), the proximity of the ankle joint, and the probability of producing a compound fracture, not much force was used.

I now applied an Esmarch bandage and made a vertical incision four inches long, with the prominent angle of the tibia as its centre. At the point of overlapping, a large callus was found; a wedge-shaped piece was chiseled away, its apex pointing towards the fibula. The callus, however, had to be chiseled entirely through to make the fragments somewhat movable, and even then they could not be brought to a normal position on account of callus formation between the upper fragment of the tibia and the lower of the fibula. The wound was now irrigated with sublimate solution, 1:2000, and packed with sublimate gauze.

A vertical incision was then made along the course of the fibula, and the part exposed where the fracture had been. The fibula was chiseled through, and the callus between fibula and tibia excised sufficiently to allow of the ends of both bones being brought into apposition by extension.

The fragments of the tibia were then drilled and united by three silver wires; those of the fibula by one wire. After thorough irrigation, the Esmarch bandage was removed, the leg elevated, a rubber drainage tube inserted into the wound over the fibula, and another through a counter opening at posterior aspect of tibia to drain this wound. The wounds were then closed by catgut sutures and dressed with iodoform, protective, iodoform and sublimate gauze, and the whole leg enveloped in borated cotton. An anterior plaster of Paris splint was finally fastened to the leg by several circular turns of plaster bandage about three inches apart, the foot at a right angle with the leg, the knee slightly flexed, and the whole leg suspended in a sling from the ceiling. The evening of the first day after the operation the temperature was 100°, the pulse 70. Thereafter both were normal. The dressings were removed the eighteenth day after the operation. The wound over the fibula healed by first intention. On the tibial side the wound had partly healed by granulation, and the drainage tube pushed out was found in the dressing. The other drainage tube was removed, the leg dressed as before, and a permanent plaster of Paris bandage applied. Eight weeks after the operation the patient walked with a cane for the first time in ten months. The plaster bandage was then removed and a Tiemann's weak-ankle brace worn for a few months.

*Wis. Med. Soc. Trans. Cond.

LEUCORRHŒA.—Dr. T. McIlvaine, of Peoria, has had ("Weekly Med. Rev.") good results from the local use of tablets of helonias, hyoscyamus, salicylic and boracic acids, and alum in leucorrhœa.

LYSOL IN CYSTITIS.—Parvin states that ("Coll. and Clin. Rec.") injections of lysol, of the strength of one-half per cent, give very good results. The patients bear the injection better than injections of creolin of the same strength.

SYME'S AMPUTATION.*

BY J. B. MURDOCH, M. D., PITTSBURG, PA.

It was the opinion of the older surgeons that when a foot was crushed back of the ball of the great toe, that the leg should be cut off at the point of election. That was the rule until James Syme advised the operation at the ankle joint. The first operation was performed on the ankle joint in 1842, and Syme claimed that it would supersede amputation in the leg for all injuries to which it was applicable—injuries in the foot—and it has superseded amputation in the leg ever since, in the minds of all surgeons, except those of Philadelphia. No voice has ever been raised against Syme's amputation but that of the surgeon's in Philadelphia. In 1887 I made an address before the State Medical Society when the meeting was held in Williamsport. I had the honor to deliver the address on surgery, and in that paper, which is published in the volume of transactions for that year, I went through the subject so fully I feel it would not be worth while for me to go into it again. It is a pretty large subject, but when any one, because he wears an artificial limb himself, claims that Syme's amputation should be abandoned, and all operations of the foot back of the ball of the great toe, I contend that he has said something which is absolutely absurd; and when he adds to that, that a man who makes amputation at that point should be prosecuted for malpractice, he says something that is criminally foolish.

Syme's amputation is considered a very favorable one in Pittsburg. I know of patients who walk and stamp on the heel and jump from a chair striking with the full weight on the end of the stump. Where the hard tissues are preserved, as in Syme's amputation, the face of the stump is so covered with the thick tissues of the heel that it preserves a better stump, and is about the only one on which the patient can bear the weight of the body. I do not think anyone would think of amputating immediately above the ankle joint, as it is certainly better to go up to the calf. A professional man, such as Dr. Price, who does not do hard work and merely walks about the city, can carry a heavy limb such as this; but to a working man, its very weight is a great disadvantage to say nothing of the cost of repair, which is as much in a year, according to Dr. Price, as the repairs of his buggy. I do not believe it is right for surgeons to be governed altogether by opinions of instrument makers. It is for the instrument makers to make artificial limbs for those men who have suffered amputation at the joint. I think every right-minded man who will consider the subject must conclude that amputation at the ankle joint is preferable to one in the middle of the leg.

We all know that the danger to life after amputation increases as we approach the trunk. On that point alone the foot amputation should be favored. I have in this city a colored man upon whom I did a double Chopart amputation. It is not an operation so universally approved as the operation of Syme, but I contended, in the paper to which I have referred, that in certain cases, where a good flap can be secured, the operation of Chopart, preserving the heel, is preferable to Syme's amputation. This colored man is a cook, and walks with nothing on his foot—merely stuffing the fore part of the shoe with some rags. He puts on ordinary shoes and walks about his kitchen the same as I would, and he is able to walk a couple of miles with no other assistance than a cane. In some cases Chopart's operation is not a success, because the heel is drawn up.

*Allegheny Med. Soc. Trans. Cond.

TOOTH DROPS.—"Condensed Extracts" cites from the "Berliner Apotheker Zeitung" the following formula for "tooth drops":

℞ Ol. cajeput. virid.....
Ol. caryophyll.....aa ♏ xv
Chloroform..... ℥ ss

℞ Camphor.....
Chloral. hydrat.....aa ʒ ss
Spts. menth. pip..... ♏ xv

℞ Tr. cannab. ind.....
Ol. caryophyll.....
Chloroform.....aa f ʒ ss

Doberaner Tooth Drops:

℞ Tr. opii crocat.....
Ol. menth. pip.....
Spts. æther.....aa ♏ xv

Lassar ("Berlin klin. Woch.") recommends the following for tooth powder:

℞ Calc. carbon. præcip. depur.....100.0
Potass. chloric....
Lapid. pum. pulv.....aa. 2.5
Sapon. med..... 25.0
Ol. menth. pip..... 1.0
M. f. pulv.

SYME'S AMPUTATION.*

BY W. MACFARLANE, M. D., PITTSBURG.

In the report of the transactions of the State Society for 1891, Dr. Allis, in his address on surgery, condemns amputations that are done below the so-called point of election. He speaks of Pirogoff 's and Chopart's, but makes no mention whatever of Syme's amputation. He passes that without a word. Now, in Western Pennsylvania at least, Syme's amputation is not only admissible, but is considered an excellent amputation; then, possibly, next to that is Chopart's. Though the latter is often a nice operation, and successful, it is not as popular with the profession as Syme's.

I have consulted an artificial limb manufacturer of this city, and he says there is no other stump as good as that furnished by a Syme amputation. A young man from Beaver Falls, about 21 years of age, was run over by a train. He had his feet on the rails and the wheels passed over them destroying the fore part of both feet. He was detained in the hospital longer than he would otherwise have been, for the simple reason that we had suppuration. The first twenty-four hours he threw himself around, removed the dressings, and finally poured milk over both stumps, and he was so intractable for awhile that we had to put him in a strait-jacket. With Dr. Murdoch's assistance, I did a Syme's amputation on a young man for gangrene of the foot. He refused, when he came in, to have anything done with the foot, and moist gangrene occurred. I saw that patient the other day and he was doing admirably—able to plant his heel firmly on the ground. This other young man, before he left the hospital, was able to walk with the aid of two canes. Of course his gait is not artistic, but there is no other stump I know of which would enable him to go around in that way. Dr. Allis stated that it is impossible to walk except as a very old man. That was in 1891. In '92 the matter came up again before the State Society, and Dr. Price, of Philadelphia, who has, in his own person, had amputation below the knee at the so-called point of election, went so far as to say that any one who would do an amputation of the foot should be sued for malpractice.

In the discussion, Dr. Buchanan protested against the scientifically unjustifiable position of Dr. M. Price, which was evidently based on a limited experience.

Dr. Daly thought Dr. Price's statement would only harm himself, its absurdity was so evident.

* Allegheny Med. Soc. Trans. Cond.

SCALP CONTUSIONS.—Dr. Lawrence concludes ("Columbus Med. Jour.") that scalp contusions caused by slight blows or falls, accompanied by moderate amount of effusion, are simple and require little treatment. Scalp contusions caused by sharp blows or severe falls are always to be examined carefully, and a guarded prognosis given. Those accompanied by large effusions, and especially if pulsating, should be treated by shaving scalp, incising, turning out clots (examining carefully the pericranium and skull), securing bleeding points, closing with sutures, perferably braided silk, dressed with dry antiseptic dressings, which should only be removed when absolutely necessary before the fourth or fifth day, when sutures should be removed, a light compress and bandage applied. Those accompanied by little or no swelling, when caused by severe blows, should be carefully watched, and on first appearance of local fever or swelling, freely incised, washed out and treated as open wounds. If the case is not seen until patient has had chills, hot dry skin, hard pulse, fever, coated tongue, nausea or vomiting, insomnia, nervous twitchings, or any other symptons of meningeal inflammation, the surgeon should cut down and trephine at once over site of injury. While inflammation of either pericranium or the meninges is likely to follow these injuries, it may be prevented by early incision. Where caries of bone or meninges occurs, the cause may gener ally be found to be injury of pericranium, which became inflamed, effusion followed, then vesse inflammation from pressure, and then by extension meningitis.

THE "drummers" of the quacks of Hot Springs seem likely to prove of public benefit. The quacks, under pressure of the ordinance compelling them to pay licenses for their "drummers," decided not to do any more "drumming," whereupon the "drummers" threaten to expose the violations of law of which the quacks have been guilty.

UTERINE APPENDAGE REMOVAL AND PUERPERAL INSANITY.

BY G. H. ROHE, M. D., CATONSVILLE, MD.

In the following cases the uterine appendages were removed:

Case I. White woman, 33 years of age. Married at 17 years of age. This marriage resulted in the birth of one child. In two and a half years she became widowed, and four and a half years later married a second time. In 1882 she gave birth to a second child, and immediately afterward suffered from puerperal mania, which lasted five months. She remained well three years, and then again developed insanity, and was admitted to the asylum with acute mania. When admitted to the hospital she was excited and disposed to fight; had especial aversion to her husband; indulged in obscene language. She showed no improvement, but a gradual failure of mental faculties. Suffered from incontinence of urine and paid no attention to the calls of the rectum. Exhibited great excitement during menstrual period. Physical examination after coming under Dr. Rohé's care in 1891: Unilateral laceration of cervix up to the vaginal junction, and intrapelvic induration on the same side. Perineum ruptured into the rectum. Abdominal section performed October 6, 1891, and appendages removed. Clinical conditions present: Right ovary cystic; left ovary cystic and adherent in Douglas' cul-de-sac; thickening and congestion of broad ligament on right side. After-history: Patient recovered fairly well from operation. Had an attack of peritonitis, which yielded promptly to the usual treatment of purgation. The stitches were removed on the seventh day, and the wound found perfectly united. December 10th: Patient dresses and undresses herself; seems much interested in looking at books; appetite good; sleeps well; does not indulge in profane and obscene language as much as formerly. A week later: Very much interested in plants and flowers in the wards, and waters them regularly; appetite good; sleeps well; general behavior very much improved. Present time: Improvement continues. Has written several letters to her husband and to her children, showing decided interest in her family life.

Case II. White woman, aged 37 years; married thirteen years; mother of six children. Admitted to the asylum May 16, 1890. Insanity developed during the period of lactation. Previous to insanity she was amiable, cheerful, and industrious. Her mother had been insane, and her father was very intemperate. Had been insane three days when admitted. Had a previous attack ten years before, probably in connection with the birth of a former child, but no exact history. Was subject to hallucinations; thought nearly every man she met was her brother in disguise; imagined she had the power of healing by laying on of her hands; had a decided tendency to expose her person. Menstrual period irregular. Emaciated, with haggard appearance appetite poor; slept poorly; nervous and restless during the day. Put upon a special diet of eggs, milk, beef tea, brandy, etc., but improvement was very slow. The approach of her menstrual periods could be predicted by the alteration in her behavior in the ward. Physical examination: Bilateral laceration of the cervix; thickening of posterior lip; intrapelvic inflammatory induration of the left side, sensitive to slight pressure. Operation November 25, 1891. Left ovary was found adherent. Breaking up of the adhesions occasioned some bleeding. Tube on the left side congested and convoluted. After-history: Recovered well from the operation. Sutures were removed on the seventh day. December 17: Patient cheerful; appetite good; sitting up in her room, sewing; conversation coherent, and has at present no hallucinations, no delusions; simply nervous symptoms such as are present in the majority of cases of induced menopause. At the present time is increasing in flesh and strength; complains less and less of headache and backache, and converses entirely rationally; is much interested in the work about the place, and is ready to go home at any time her husband is prepared to make the proper provision for her.

Case III. White woman, aged 39 years. Married fifteen years. Has had seven children, the last one born four months previous to her admission to the hospital in August, 1887. Before insanity, was amiable and industrious, and neat about the household affairs. No insanity was ever in her family. Insanity came on suddenly after the birth of the last child. First symptom was the hallucination that some one was after her trying to kill her. She tried to kill her mother. Her language in the hospital was of the most obscene character. She would tear her clothes, break the furniture, and tear the plaster from the walls. These attacks were intermittent. About six months ago she began to fall off, and at the time of the operation was pale and thin. Physical examination: Deep laceration of cervix on both sides, with eversion of the lips of the cervix and enlargement of the uterus. Operation December 15, 1891. Uterine appendages removed; small cryst in left broad ligament; one ovary was adherent; uterus somewhat enlarged. After-history: Recovery from operation very good. From being one of the worst patients in behavior, language, and general character, she became one that could be kept in the best ward of the house. She is not well, but has gained in flesh; sews, goes out on the lawn, attends the dances regularly, and behaves very well. This patient and the first one will probably never be well, as both are in a condition of somewhat advanced dementia; but they have become better patients.

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Case IV. White woman, aged 28 years; native of North Carolina and resident of Baltimore City. Admitted in 1891, suffering from mania. Mother of three children. Had an attack of insanity after the birth of the first child, and another after the birth of the second; these attacks occurred a considerable time after the births of the respective children. The third attack came on twelve and a half months after the birth of her third and last child. The first attack was a true case of puerperal insanity, and probably determined the others. Hereditary taint was denied. Menstrual periods were regular. While at home she was jealous of her husband's sisters. Was fond of drink, but had not access to much of it; was indolent and careless; fond of talking about sexual matters. When admitted, she was in a state of excitement and indulging in obscene language. Her temperature ran up and her heart grew weak. She was put upon digitalis, eggs and milk every two hours. She gained in strength, but her mental symptoms were unimproved. Physical examination: Deeply lacerated perineum, lacerated cervix, and prolapsed ovary. Operation March 9th. Appendages removed. Great enlargement of ovaries of both sides. After-history: Three weeks after operation, mental condition good; language to physicians chaste; appetite good. May 8, 1892, was discharged from the hospital, recovered.

This woman up to the time of the operation used the most profane and obscene language I have ever heard. When she recovered from the effects of the anæsthetic she burst into tears, and asked my pardon for the ugly language she had used. She never afterward used any obscene or insane language to any one connected with the hospital.

I believe that in these four cases we have a contribution to the ætiology of puerperal insanity. I believe that puerperal insanity is a phase of insanity that is due to absorption of septic matter, and that when it is recurrent it is the result of some reflex irritation due to an imflammatory condition in the pelvis or pelvic organs. All cases I have examined show some lesion of the genital canal remaining from parturition. The result of the treatment in these cases show this: That if cases are taken before structural alterations have taken place in the brain, before dementia has come on, restitution of the mental faculties can generally be accomplished. There is another advantage in this radical mode of treatment of this condition; that is, that a woman whose appendages have been removed will never have another attack of puerperal insanity, at all events. This is a series of cases due to a single cause. I have operated upon fifteen cases. In nearly every case there was some lesion of the pelvic organs. I believe four or five will be restored mentally. Nearly all have shown evidences of improvement; they are better patients; are not so disposed to soil, and can be kept on better wards, with quieter patients.

RETRO-ANTERO GRADE AMNESIA.—Dr. J. T. Eskridge concludes that ("Alienist and Neurologist") in cases of sudden loss of memory (complete for a certain period), if memory for anything thus lost ever returns spontaneously, the events that were the most firmly impressed upon the mind at the time of their occurrence would be the most likely to be recalled (e. g., things taking place under great hardships and trying or exciting circumstances); but the routine events of life, unattended by extraordinary circumstances, would be likely not to return at all spontaneously if the disturbance to the brain had been very great. These would require a recalling by someone, or by a combination of circumstances, before they could be appreciated by the blurred consciousness. This rule seems to have had exceptions, but they are less numerous than at first thought they appear, when we take into consideration all the modifying circumstances connected with mental impressions. In amnesia, from brain disturbance of any kind, if there is a period in which it is complete and cannot be bridged over by any means, it apparently is most likely to occur at the time when the cerebral nutrition is the poorest, and consciousness begins to return when the health begins to improve. Continued poor health retards or prevents return of memory. Personal feelings and emotional states are more stable in memory than the results of the intellectual faculties. Bright and intelligent persons, who are recognized by all who know them as sane, may have chasms in their last consciousness which never have been and never can be bridged over. Such a condition of amnesia may never be detected by the most intimate acquaintance, unless inquiry is made into the memory for this period.

AN Astrachan (Russia) physician and a pharmacist have fallen victims to a mob delusion anent the poison origin of cholera. The two, together with the assistant pharmacist, were lynched.

LITHAEMIA.--Biesenthal("Berlin klin. Woch"). claims good results in lithaema from piperazin.

PATHOLOGY OF OLD AGE.*

BY R. H. GRUBE, M. D., PITTSBURG.

The term old age is a very indefinite one, for the reason that the systemic changes which caused the senile state take place at different ages in different people. The broken down, decrepit day laborer, whose life has been one of hard work and poor nourishment, is more senile at fifty then a Gladstone at eighty. It is this senile condition, then, that will receive our consideration this evening.

I have taken the reports of the surgeons of the five largest national military homes, and my own observations during several years service in the largest home. These five homes have an aggregate membership, in round numbers, of twenty thousand old soldiers, the average age of whom is about sixty-five. The total number of deaths at these homes occurring during the year ending June 30th, 1891, was 950. Selecting some of the principal causes of death they are as follows:

Heart lesions	151
Pulmonary Tuberculosis, including Fibroid Phthisis	122
Cerebral Hæmorrhage	67
Senile Debility	62
Cancer	36
Bright's Disease	37
Pneumonia	37
Meningitis	20

The senile state is essentially one of general atrophy; the stature and weight decrease; mental and nervous activity lessen; the hair follicles atrophy, as do the glandular and muscular tissues throughout the body. The only general tissue which does not atrophy is the connective tissue, which, being nature's repairing cement, predominates everywhere. This senile state is not pathological but physiological, for the person may have all of these evidences of senility and yet have good health.

In the language of the evolutionist, the person who has resisted the enemies of life until he has reached old age has demonstrated his fitness to continue to live until the natural period of human life, so we find in old age comparative immunity from infectious diseases. In my list there is no case of smallpox or typhoid fever and none treated. However, this rule is not without exceptions. Louis XV. of France died of smallpox at the age of sixty-five. I have seen varioloid in a patient over eighty. In this connection may be noted the large toleration of morbid processes and the lack of sympathetic reflexes, rendering these processes so obscure that they are often overlooked. I have many times had to bear the mortification of a post-mortem diagnosis because of this, and that, too, after a most diligent search for the cause of the trouble. Several cases illustrate this point, some of which I will relate briefly. The first of these was that of a very old man with a peritonitis caused by a perforated cæcum. He suffered no pain. I aspirated several times, removing two or three pints of most offensive pus each time, and the patient finally died of exhaustion. Another was a perforating ulcer of the duodenum—post-mortem diagnosis—where the contents of the stomach escaping caused adhesive peritonitis, burrowed a chanel and "pointed" two inches below the umbilicus. A third case was one of cerebral hæmorrhage causing deep coma, and death in several hours. The hæmorrhage was in the interior of the pons varolii and had completely destroyed the tract of connection between the brain and cord. We see the lessened sympathetic reflex, too, in the narrowed variation of the temperature even in inflammatory conditions. A temperature of 103° is unusual, and I scarcely remember to have seen it at 104°. Nor is the temperature lowered, as might readily be supposed. A lowered rectal temperature in old age will most certainly indicate a lesion of some sort usually visceral.

These conditions render diagnosis in diseases of old age difficult, and, as I have already said, many times the real trouble is not discovered at all during life. Thus a patient in one of my wards complained of all sorts of aches and pains, with nothing definite enough to base a diagnosis on, and came to be looked upon as a chronic grumbler. He died unexpectedly, and the autopsy showed an abscess on the under surface of the liver, which had burst into the peritoneal cavity. While diagnosis is rendered more difficult in old age, the diligent and skillful searcher will be more apt to find the morbid process at this age than any other, because they are marked, as the dead-room abundantly testifies.

It was a wise saying of Wilks, that "a man is no younger than his arteries." I have already remarked the senile condition is essentially a general atrophy. In this the heart is to be excepted, as it alone of the muscular system is hypertrophied. The causes for this is the

*Allegheny Med. Soc. Trans. Cond.

lessened elasticity of the arterial walls and the narrowing of the arterial lumen and the deposit in the arterial coats of atheromatous products, requiring a greater force to propel the blood through the vessels. That disease of the circulatory system is the greatest source of danger in old age is shown by my table. Of the 950 deaths, 151 were from the various heart lesions and 67 from cerebral hæmorrhage—218 in all. Atheroma is the chief disease of the circulatory system, and is often attended by extensive calcification of the aortic valves, interior of aortic walls, and the coronary arteries. Next to atheroma and its attendant phenomena, fatty degeneration of the heart is the most frequent morbid heart condition of old age.

We must here distinguish between fatty degeneration or the change of muscular tissue into fat, and the deposit of fat between the normal muscular fibres. The presence of the arcus senilis is said to be diagnostic of fatty heart. I have never verified this point. A better diagnostic sign is the weakness or absence of the systolic sound, which, being mainly produced by muscular contraction, is impaired. Fibroid degeneration also occurs. In this condition the muscular fibres are replaced by fibrous connective tissue. Either form of degeneration produces sudden death, either by rupture of the heart wall or simple paralysis from over-distension. I may say in passing that sudden death is nearly always caused by heart failure and very rarely by cerebral hæmorrhage, where, though the hæmorrhage be extensive, the patient may live several hours, or even days.

As the lungs are constituted of the most delicate of tissues, we would naturally expect marked changes in them in the senile period. The first thing that strikes one on opening the chest of an old person is the marked pigmentation of the lung surface, giving it a mottled black and pink color. This pigmentation is a deposit of carbonaceous particles having been inhaled. The microscope shows a partial disappearance of the alveolar septa, causing an enlargement of the alveoli by partial coalescence. This, with the fixation of the chest, another senile change, accounts for the emphysema that old people experience on making exertion.

(To be continued.)

PASSIFLORIA INCARNATA IN CHILDREN'S INSOMNIA.—Dr. M. H. Hennel, of Coshocton, Ohio, claims excellent results ("Eclectic Med. Jour.") in insomnia of children from gtt. v to xxx of fluid extract passiflora incarnata.

HUMERUS FRACTURE FROM MUSCULAR ACTION.—Dr. J. W. Harris ("Lancet") states that he was called July 22 to see a gentleman aged thirty, not extremely muscular, but well nourished and perfectly healthy in every respect, who gave the following history: Whilst trying to "throw the cricket ball," while practising for athletic sports, having made his throw he felt his arm suddenly give way—the ball went about seventy yards—and he heard a report which everyone else in the field heard distinctly also. He tried to raise his arm and could not. On examination, Dr. Harris found a transverse fracture of the right humerus situated at the junction of the middle and lower thirds. He set it in the usual manner, removed the dressing August 19, and the patient was able to resume his occupation.

PAIN IN THE EYES.—Dr. Edward Jackson ("Amer. Lancet") concludes: Efforts in this direction should all be based on an exact recognition of the kind of pain to be dealt with, and of its cause. For conjunctival pain, endeavor to reduce the irritability of the parts, by exposure to the air, by heat, cold, astringent applications, with perhaps the use of cocaine (with great caution) for temporary effects. For corneal pain, the use of eserine, or atropine, with heat, even to the actual cautery, will give relief. Aching and intense soreness, attending inflammation, may yield to heat or cold, or the local abstraction of blood. Aching, without inflammatory disease, is mostly due to eye-strain, and must be treated accordingly. Glaucoma pain demands the specific recognition and effective treatment of the glaucoma. The general analgesics are to be used cautiously and as adjuvants to other treatment. When all other means have failed, resort to enucleation of the globe.

TWO MEATI URINARII IN A FEMALE.—At the Medical Department of the Wooster University an anomaly was observed ("Weekly Medical Review") in a patieht aged 26, under treatment for metritis, by Dr. Dickson L. Moore. She had two meati urinarii; one in its normal position in the middle of the base of the vestibule, the other one-fourth of an inch above the first and in the median line. Two sounds introduced, one at each meatus, met at a distance of three-eighths of an inch from the exterior and a catheter could be introduced equally well into the urethra via either meatus. There was no history of traumatism. The patient had no knowledge of the abnormality.

ENORMOUS PLEURITIC EFFUSION IN AN OLD MAN.*

BY J. C. CRAWFORD, M. D., DAVENPORT, IA.

The case I am about to report exceeds anything on record, so far as I have been able to find, in medical literature, as to the number of aspirations, quantity of effusion withdrawn and persistent refilling of the sack enveloping the left lung.

The patient was 61 years old. For several months he had been losing weight, evidently from some more than ordinary disorder of nutrition. He was unable to lie in bed when I first saw him on account of difficult breathing; his dyspnœa was so great that he had to be fanned day and night to help him in his fight for breath. On examination of the chest, the heart was found pushed over with the apex beat under the right nipple. The intercostal spaces, left side, were bulged, the percussion note was dull, even flat, and vocal fremetus totally abolished. Hypodermic needle inserted withdrew serous effusion, strongly stained with blood.

The diagnosis at this stage of the case lay between a tuberculous or cancerous condition as the seat of the trouble. The absence of the physical signs of the former, and lack of pain and rare occasions of the latter disease in the lung or pleura, left the ætiology not clearly defined. However, we did not wait longer to verify the predisposing causes in the case, but without delay removed by aspiration ten pints of bloody effusion to save the patient from collapse, which was so imminent from the encroachment of the fluid upon the lungs and heart. This ameliorated the distressing symptoms and made the patient comparatively comfortable.

But the refilling of the pleural cavity was so rapid that, during the next twenty weeks, we aspirated on an average once a week, taking from three to ten pints at an operation, of fluid of the same consistency, making twenty-one operations in twenty-one weeks, aggregating by measure over fifteen gallons of bloody fibro-serous exudate from the pleural sack covering the left lung.

During the latter part of this period pronounced indications of the presence of cancer became manifest, and in the autopsy the collapsed lung was found to be so thoroughly contracted and infiltrated with cancerous deposits that it was not larger than a hand.

*Ia. and Ill. Cent. District Med. Soc. Trans. Cond.

VARIOLA, VARIOLOID AND VARICELLA.—Dr. Bredert concludes ("Amer. Jour. Med. Sc.") that varicella may be accompanied by grave general phenomena markedly simulating variola. It is not always easy to differentiate varicella from varioloid or variola modified by precedent vaccination. Variola is less contagious after the eruptive period. Light varioloid is less contagious than grave variola. Unvaccinated individuals vary greatly in their susceptibility. After vaccination immunity may be lost at the end of one or two years, but the great majority remain protected for seven years, and even longer. Immunity is established in about eight days. Vaccination if done after infection does not prevent its development, but if done eight days before the eruption produces a benign evolution.

LIVER GUNSHOT WOUND WITHOUT SURFACE INJURY.—Dr. T. H. Manley reports ("Doctor's Weekly") the following case: A young man was pursued by his adversary some distance on a public thoroughfare, and when he turned to face the latter, he was shot in the abdomen, a little to the right and above the navel scar. The revolver was 38 caliber, fired at close range. The precise point of impact was only determined by an examination of the clothing. The young man fell in a heap. He was promptly raised and brought to a restaurant near by, when he considerably revived. At this stage surgical aid was summoned and a very careful examination made, when, in the absence of any local evidence of injury, it was assumed that the ball had lost its velocity when it struck the abdomen and fell into his trousers; and that after all he was more frightened than hurt. His friends were assured that the syncope and shock present, followed fright and would soon pass away. But, in a short time he commenced again to lose consciousness, when he was brought in by ambulence to the hospital, when it seemed only too clear that he was rapidly dying. Autopsy revealed several enormous rents through the capsule of Glisson, with the central parenchymatous substance of the liver reduced to one mass of semi-liquid pulp.

PETTENKOFER insists that the bacillus of certain endemic diarrhœas is indistinguishable from the comma bacillus.

DERMOID CYST CONTAINING A HEART.*

BY J. H. JOHNSTONE, M. D., CINCINNATI.

The object in reporting this case is to show something very unique, which I have never found before in a dermoid cyst—a very well-formed attempt at the formation of a heart. This tumor existed for several years. The patient was an Irish girl aged about 24 or 25 years, and gave a very indefinite history. Along in June or July last, she had an attack of pain in the abdomen, and she said it seemed as though she was going to die right away, but it all passed off. However, when I came to do the operation, the cause of this pain was very apparent. The axis had been rotated upon itself almost twice and a half. The axis being the round ligament, this had been enough to excite a very marked peritonitis. The tumor was adherent, tremendously large vessels passing into it. The tumor was slate-colored at the time of the operation.

When you take a tapeworm, or anything of that kind, they have male and female in the same individual. The question arises as to the purpose of throwing off these polar cells. May it not be that when these fail to be excreted from the ovum, and the graafian follicles fail to burst, we have, as it were, an auto-impregnation? You know that when you have a fracture of physiological law you are sure to have a pathological result. And may it not be that a failure on this part produces a dermoid as a result? This is only a suggestion.

This attempt at the formation of a heart is something of which I never knew. There is a case recorded where an eye was pretty well formed, the cornea being well shown. Gray matter of the brain has been found, and, in fact, all portions of the hypoblast and mesoblast have been found. I am led to believe that simple variation of the cryst is the fault of the graafian follicle, but the formation of the dermoid is due to the ovum, which is retained, and in some way produces this formation.

In the case I report, at the end of twenty-four hours, after the serum had became almost clear, it began to darken again. I then became suspicious, and, when I attempted to turn the glass drainage-tube on its verticlal axis, I found it was becoming limited in its rotation. I took it out and replaced it with a rubber one, and found that some of the long filiform adhesions, which had been left in the peritoneal cavity, had worked their way through the holes in the glass tube, and were becoming strangulated. After removal of the tube, the case had no untoward symptom, and has progressed perfectly satisfactorily, and is now convalescent; but, had this condition not been found as soon as it was, a gangrene of these small fibers would have set in which, in all probaility, would have been the focus of a septic peritonitis. So we cannot be too careful in watching drainage-tubes, because, like the pessary, they are a very necessary evil.

*Cincinnati Academy of Medicine Trans. Cond.

SURFACE COLOR AND CONTOUR AND VISCERAL LESIONS.—Dr. T. H. Manley, of New York, concludes ("Doctor's Weekly") that from the standpoint of diagnosis, as a rule, surface indications in cases of serious violence sustained by any one of the three great cavities seldom furnish reliable criteria as to the nature, extent, or situation of internal injury. In a considerable number the surface disorganization, particularly in cranial traumatisms, bears no ratio to the state of the underlying parts, as, in not a few, the surface class may be of appalling proportions, yet vital centers wholly escaping. In another, the least numerous class, there is a close correspondence with the extent and quality of the peripheral and central disorganization. Profound constitutional symptoms, in which psychical manifestations predominate, are of very serious import, and are generally attributable to loss of blood or leakage from a hollow viscus, when force is spent on the thorax or abdomen. In those lesions confined to the surface, the general system usually escapes immediate implication and tends to prompt recovery. In mixed cases the danger is always greatest, yet those who survive the immediate effects may advance towards recovery. It must not be lost sight of, that not a few who have sustained concussive violence, though they seem to have made a good recovery, may develop at varying periods after the primary injury, cerebral, cerebro-spinal, or parenchymatous degeneration in organs, and thereby shorten life, or cause an existence of pain, misery and helplessness. Accordingly, some time must always elapse before the surgeon can speak with definite certainty of ultimate results in this latter class of injuries.

Editorial.

THE recent session of the Mississippi Valley Medical Association demonstrated the uselessness of general addresses. The only one made was a collection of egotistic platitudes, in place, perhaps, in a charlatan's advertisement, but unsuited from its undignified logorrhœa for a medical gathering. The change in the constitution (enabling all physicians in good standing in their respective State associations to become members) significantly indicates a revolution on the code question, for the Mississippi Valley Association was originally ultra-orthodox on this question.

SENTIMENTS decidedly antagonistic to the Code of Ethics of the American Medical Association just now pervade the medical press. The "Omaha Clinic" (the organ of the Nebraska Medical Society) says:

Let us realize that the Code of Ethics, at least as now written, has proven the worst of failure, in so far as it pretends to be set up for the profession in general, and that men who will not be governed by conscience will be regulated by no code, and such, unless of the most simple character, will always be at issue and opinions will certainly differ. Let us, with the New York State Medical Society, have a simple code on which opinions cannot differ and trust to the natural laws founded on the conservation of interests, and hope that the committee of the A. M. Association, now at work revising "the code," may also realize that ethics in a general way cannot be written, except in the hearts and consciences of the profession. No specific structure of this nature can ever stand in the complex labyrinth of intermingling interests of the people. A broader and wider code, too difficult for men's minds to grapple, is governing as the balance wheel; it may be too slow to suit us, but has done fairly well in the past; we can lend our aid to help, but can only in ink draw the outline; if we do more, we may in time find our opinions erroneous in hair splitting, and to our detriment.

The "New England Medical Monthly," the organ of the New England medical profession, hitherto loyal to the code, answers a claim made by the "Medical Progress," of Kentucky, as follows:

If our esteemed contemporary will look around for a moment, as we advised him in our last, he will see the flotsam and jetsam of the wreck floating all about. *If* the code is not practically a dead letter, how did an ex-President of the New York State Medical Society become elected to a trusteeship of the "Journal of the American Medical Association." Why were members not required to sign pledges, as they were a few years ago, if not to let in men who were opposed to the code? Why did the meeting at Detroit appoint a committee to meet and consult with the members of the New York State Medical Society, which seceded? Why, if there be no sign of decay, did the revolt against the decision of the judicial council take place at Detroit? Why did such noted old coders as your fellow-townsmen, Doctors Dudley S Reynolds and Louis S. McMurtry, take a leading hand in the fight? They belong to your own environment, and can answer the question that seems to be so obscure to you but so plain to all others. The fact is, and you know it as well as we do, that the code is a code in words only. No one lives up to it. Even in Louisville we are assured that the old coders council with homœopathists "with a fee" the same as elsewhere.

THE "Journal of the Arkansas Medical Society" proposes to relegate the whole question of ethics to the state societies as a local matter. This, subject to appeal by the accused only, is an excellent solution of the problem. The Charlotte (N. C.) "Medical Journal" takes much the same view:

The bulk of the profession is feeling more and more every day that the best code is one that can be expressed in the fewest clauses, and that the individual or community is best governed which is governed the least, and that the unwritten law which governs gentlemen is all that is necessary for any educated gentleman in any calling.

THE anti-dispensary agitation leads the New York "Sun" to the following interesting and logical remarks, from a historical standpoint:

The dispensary question has cropped up under an unusual aspect, in the case of an East-side druggist who maintains a consulting room where a qualified physician prescribes gratis. The prescriptions are not handed to the patients, but are sent in to the drug store, where the patient pays for the medicine. The enterprise is felt by practicing physicians to bear somewhat hard on them. At the same time some other druggists in the neighborhood might secure more trade if this shop were not connected with the free consulting room.

The abuse of the dispensary in this town has long been felt by physicians. Of the liberal professions, that of medicine alone gives its service to the poor gratuitously. Law is much too shrewd to pare down its own emolument. Divinity may be free to the partaker, but its ministrant is paid by somebody. The civil engineer's service is not rendered to the poor. The physician alone is taxed in his personal services without reward. He accepts the tax willingly and pays it cheerfully, in which fact exists the soundest reason for not imposing it unfairly. The right regulation of the matter is not simple. Existing arrangements seem far from right or fair, but their proper remedy is obscure.

The evolution of the apothecary is a story of some interest. He was once a grocer. The first charter to his craft was granted "to the Freemen of the Mystery of Grocers and Apothecaries of the City of London." Later they were disunited, and the drug venders were chartered separately. They were at first under the control of the College of Physicians, whose members might invade their shops and seize their stock if pronounced impure. But the tradesmen soon grew rich. They emancipated themselves from this control. Next, they began prescribing. Then there was war. To put the upstarts down, the physicians formally resolved 'to give their advice gratis to all their sick neighboring poor, when desired." The first dispensaries were started. Little hospitals and infirmaries were founded, appealing to the rich for aid. This movement was specially abused, as witness Smollett's novels, which show how it was used by unknown doctors to puff themselves. Some were started by the friends of young physicians and surgeons, says Jeaffreson, in his "Book About Doctors,"

conspiring together to get them the position of being attached to an hospital staff.

It is needless to pursue the later separation in England of the apothecary from the druggist. Throughout the evolution of the craft and of the dispensary, it is seen that each step was taken to remedy an abuse. First, the physicians, when all power was their own, abused it by withholding service from the poor. Next, the apothecaries abused their own monopoly as dealers to charge the poor prices they were unable to pay. They encroached on the physician's function to prescribe, who, in retaliation, struck at their legitimate trade through the dispensary. At the present time it is admitted that the dispensary is abused, to the injury of physician and druggist alike. Finally, we have the instance which has served as text for this sketch, namely, a free consulting-room attached as an annexto the mercantile enterprise.

The retrospect shows that a strict monopoly in the hands of either physician or apothecary is abused, as all monopoly unchecked always is abused. The remedy for existing ills must, to be efficient, hold a middle course, protecting both tradesman and practitioner from the encroachments of the other without empowering either to oppress the poor. Reflection will probably convince most persons that abuses now justly complained of are not amenable to legislation. A committee of druggists, of general practitioners and of dispensary doctors, ought to be able to formulate a system which all could co-operate in enforcing. Such a committee might, perhaps, need to be permanent. In a sense, it would be a natural board of appeal, whose decisions would perhaps carry all the more weight if left without any binding force in law. Sanctioned by professional opinion, they would carry a weight of obligation like that—far exceeding any which law can impose—attending the debt of honour.

As hinted in the "State Items," the dispensary" physician receives for his share a percentage on his prescriptions. This is an old, old abuse hinted at by Chaucer, who, in "The Canterbury Pilgrims," says, anent his physician:

> Full ready had he apotecaries
> To send him drugs and lectuaries,
> For each of them made other to winne,
> Their friendship was not new to begin.

The notion stores have already drug and dental departments. Probably they also will try the dispensary dodge.

THE Chicago swill-milk agitation has some comical aspects. Prominent among the agitators are professors who proposed to protect the "boodlers" against denunciations of swill-milk use in hospitals by securing for them female physicians who would not "gossip" there anent, videlicit, denounce, the poisoning of insane patients thereby. The newspaper chiefly concerned therein is a sheet notoriously at the beck of the depositors in a certain national bank.

THE ALGONA "Republican" a year ago denounced an advertisement of "Dr." J. N. Hathaway, a Sioux City "specialist," as obscene and quackish. Hathaway sued the "Republican" for libel. The "Republican" moved to dismiss this suit, justifying its criticism as a privileged communication in the interest of public morality and protection of the public against impostors, who cheat the gullible by means of advertising through the press. The trial judge sustained the motion, saying that, if the "ad" did not come within the prohibition of the statute, he did not know what the language meant. He said the publisher of such an "ad" was liable to the punishment provided by the statute, along with the advertiser himself. A poll of the jury, subsequently made, showed that had the issue been submitted to them the same result would have been reached on the first ballot. Mr. Hays, of the "Republican," deserves the thanks of the Iowa profession. It is to be regretted that Chicago editors are too much cowed by venal considerations to follow his footsteps. This same Hathaway has just had the Missouri medical-practice act declared unconstitutional. He was refused a license because of the same advertisement and brought suit. What in the opinion of Iowa judges is obscenity, is, in the opinion of Missouri judges, professional conduct meriting egal protection.

SPEAKING of the Gould prize for a popular exposé of Hahnemaniac the homœopathic "Medical Visitor" remarks:

It would be very easy for a homœopath to win that prize if the homœopathic school is to be taken as a unit. When an impartial observer looks about him, it is not surprising that such an offer as the foregoing should be made. In one college the professor of dermatology uses the same local applications that are recommended by Fox and others, and homœopathic treatment is a secondary affair. In another, the professor of practice tells his students intermittent fever cannot be cured without quinine in ten to fifteen-grain doses. In a third, the class are told that erysipelas cannot be cured with homœopathic remedies. In a fourth, the teaching is so foreign to the laws of homœopathy that many of the graduates have gone bag and baggage over to the allopathic school. In the fifth, one of the professors of theory and practice cordially endorses a man, who does not even claim to be a physician, as skilled in the treatment of skin diseases, and his name is attached to the quack's circulars, which are widely circulated throughout the city. In a sixth—but why multiply examples of the degeneracy of the homœopathic colleges with the ridiculous pretentions of the majority of the professors, homœopathic in name only, and eclectic, or worse, in teaching. Both East and West, good men, true homœopaths, have resigned from the colleges because reform in these institutions was impossible. Remonstrances were of no avail and the mongrels held the balance of power. The rank and file cast aside, temporarily at least, the homœopathic law for the gold cure, for christian science, for Kochism, and for every new medicine and new fad that shows its head. Hahnemann was too much of an old fogy for them and they want a reformed homœopathy.

THE Maryland "Medical Journal" says with equal force and truth:

The "orificial surgeon" now stands confidently forth before the public; his hand is upon the sphincter-dilator. A moment's pressure upon this magic lever, the valve is open, the brakes are off, and the mighty wheels of the clogged sympathetic

system move swiftly on in life-giving harmony. Be this as it may, the orificial "pathy" bids fair to move for awhile down the "ringing grooves of change" to the music of shekels. Doubtless some therapeutic facts of interest will be revealed through its influence. And who can tell at what moment a hitherto unsuspected sphincter may leap into the arena, ready for countless dilatations.

The orificialists deserve credit, however, for showing that, as Dr. R. A. Murray pointed out (MEDICAL STANDARD, Vol. V.), the ano-genital reflex is one of the last to yield to anæsthesia and opium intoxication. Dr. J. G. Kiernan has shown (MEDICAL STANDARD, Vol. I.) that rectal injections of capsicum often cure opium narcosis for this reason.

THE "Omaha Clinic" states that:

There seems always to have been a disposition on the part of the prosecuting authorities of this county to shirk, as far as possible, the duty of prosecuting offenders for the unlawful practice of medicine. We had hoped that inasmuch as the new law is so certain in its language, in compelling attention and in doing away with all technicalities incident to the old law, that we, as physicians, would never be compelled to meddle with politics, and exercise our right of suffrage in the election of the candidate for county attorneys who will perform their duty in this matter. The question of cost to the county should in no wise enter into a question as serious as this to citizens of the community. If more than 300 physicians in the city of Omaha must abide by the law, we have the right to expect that the petty "fakir" and "quack" who can not come within the requirements of the law shall be speedily prosecuted and compelled to close up. Therefore we ask that in the coming election, physicians of this city exercise all diligence to see if a county attorney can be elected who will guard the interest of the law-abiding physicians as well as the public at large.

The "Clinic" is evidently unaware that newspaper influence in the interests of quack advertisements underlies this "reluctance."

DR. J. W. PRENDERGAST, of Cincinnati, deserves the thanks of the Ohio medical profession for his attempt to amend the defects of the state medical practice act, by the issuance of the following circular as health commissioner:

"This department is contemplating the enactment of a medical practice law, and we will esteem it a favor if you will, at the meeting of the society to-morrow evening, appoint a committee of three to consult with us concerning this proposed legislation. It would be a waste of time to dwell upon the necessity for legal restrictions, which would not only protect the public, but also tend to elevate the standard of the practitioner in this community. The state laws on this subject are to a large extent inoperative, but we feel that a local amendment which we have ready to exhibit will render them effective."

Both societies appointed a committee, and will aid the health office in the war against quacks.

THE growing very natural tendency of Chicago physicians to locate in the central business part of Chicago is excellently illustrated by the following clause, which appears in the leases of some newly erected apartment buildings:

The lessee named herein agrees not to advertise his business in any manner prohibited by the code of ethics of the American Medical Association, under a penalty of one thousand dollars liquidated damages, and the forfeiture of this lease; and the lessor agrees with the lessee, under the same penalty above stated, that no lease has heretofore been made, nor will any lease hereafter be made during the continuance of this lease, to any physician or dentist leasing any part of the building which does not contain the above clause."

THE South Dakota medical practice act has been declared unconstitutional on the ground that its title and its contents conflict.

ONE more illustration of the fact that when "rogues fall out honest men come to their own," is found in the charge of a Chicago charlatan advertiser that his newspaper confreres "fake" their certificates of "cured" and grateful patients. Theirs are bogus; his are genuine.

THE "Chicago Clinical Record" is the latest arrival in journalism. Typographically, it presents a good appearance. The salutatory, however, was clearly written by some confusional lunatic usurper of the editorial chair. For vapid inane incoherence the English of the salutatory has hardly an equal even in the writings of the lunatics just mentioned.

NUMEROUS cases of dermoid cysts in the ovary, testicle and parotid gland have been reported during the last six months. Anent the embryological questions involved in these, Spitzka (MEDICAL STANDARD, Vol. V.) remarks:

The ovum possesses an inherent activity independently of fructification. How far this may extend in the direction of more mature developments is shown by what is known as parthenogenesis, or virgin generation. This is the development of living beings without a father. Bees, some butterflies, ants and wasps, notoriously multiply their kind without sexual congress. As a rule, the parthenogenetic offspring are themselves incapable of further procreating their kind. But to this there are remarkable exceptions. The aphides multiply for many generations without the intervention of a male. Weigenbergh has shown that the silk moth can be propagated as long as the male element is permitted to act at every fourth generation. The Artemia salina, a minute crustacean living in saline springs, reproduces its kind for years without a male being present; males being produced at definite intervals only (v. Siebold). Among the vertebrata, parthenogenetic development has also been observed, though rarely reaching maturity. Thus, segmentation occurs in unfertilized ova of the chicken (Oellacher), of the fish (Burnett and Agassiz), and of frogs (Moquia-Tanden). Dr. Spitzka saw a blastoderm form in unfertilized ova of the toad-fish (Batrachus tau). Hensen isolated the oviducts of a rabbit, thus rendering the admission of semen impossible, while the ova discharged at heat were compelled to remain in these oviducts. Three years later he killed the animal and found they had developed into twisted, club-shaped, hollow sacs. The development in the female ovary (also, though very rarely, in the male testicle and parotid gland, which show such a remarkable "metastatic" sympathy in epidemic parotitis) of dermoid cysts, containing bones recognizable as maxillaries, with teeth, hair, skin, rudimentary intestinal, glandular and cerebral traces, even in undoubted virgins, proves that even

the human ovum is capable of parthenogenetic development. While such development, so far as known to science, is always abortive, and while, as Washington Irving remarks, the ingenuous maiden who to-day would attribute conception to any other cause than sexual congress, would find it difficult to overcome the prejudices of scientists, yet embryology, while declaring immaculate generation improbable, does not pronounce it impossible. A worker bee is a highly organized creature, with a well-developed brain, wonderful sense organs, intricate muscular apparatus, and yet it may be an offspring of an unimpregnated queen bee. What is a regular occurrence in one class of animals is sometimes observed as an exceptional one in another class. If the startling and apparently miraculous nature of a virgin generation of a living child be regarded as the sole objection to receiving such a fact, its defender might urge that the virgin generation of a dermoid cyst, with all the traces, however aborted, of vertebrate organization, is only a shade less startling and miraculous.

HAHNEMANN, when he ceased to plagiarize from Störck, was attacked by some brilliantly original, inventively stupid notions anent ætiology. He says ("Organon," page 113) concerning this question:

"This thousand-headed monster of disease does, after the completion of the internal affections of the whole organism, announce itself by a peculiar eruption, sometimes containing only a few vesicles, accompanied by intolerable, voluptuous itching and a peculiar odor. The psora (itch) is the only real, fundamental cause and producer of all the other numerous, I may say innumerable, causes of disease: Hysteria, mania, epilepsy, convulsions of all sorts, softening of the bones, cancer, gout, jaundice, cyanosis, dropsy, amenorrhœa, hæmorrhage from the stomach, lungs, nose, bladder and womb, barrenness, deafness, cataract, urinary calculus, paralysis and pains of a thousand kinds, etc., that figure in systematic works on pathology as peculiar and independent diseases."

THE "Medical Current" seems interested in a new Hahnemaniac diploma-mill, to judge from the following attack on the Illinois state board of health:

The state board of health of Illinois ought to have its seat of government in some foreign country, where class legislation is the rule, and where men are not born free and equal, or else they ought to be broad enough to legislate for all the medical colleges. Their resolution not to recognize any medical college not yet five years in existence, to be in good standing, is a resolution worthy of a set of schoolboys not over ten, but not worthy of men who have the sanitary condition of a great commonwealth like Illinois under their supervision. It requires men who are broad enough to know their duty and also to do it.

Per contra, the more reputable homœopathic journals are endorsing the board.

DR. FLUNO, of Oakland, Calif., seems imbued with the full spirit of Hahnemaniac potentization, since, to use the elegant diction of the "Medical Current," "having become a convert to the christian science idea of tom-foolery, he lets his patients die for the need of proper treatment, and then signs their death certificate as a homœopath."

THE "Chicago Evening Journal" editorially attacks physicians for careless prescription of morphine. It continues, however, to advertise nostrums containing opium, which are more fertile sources of the habit than prescriptions.

THE numerous "gold" cures just now "boomed" resemble those of the eighteenth century. Of these Lémery ("Cours de Chymie," 1730) says:

Potable gold, so much praised by the alchemists, and sold so dear by them, is commonly only a vegetable or mineral tincture of a color resembling gold, and, as they make this tincture with a spirituous menstruum, it sometimes excites perspiration. This effect they ascribe to the gold, although the metal has rarely anything to do with it.

POLYSPERMISM and the fertilizing value of the spermatoza found in one ovum have been much discussed of late. Spitzka says that (MEDICAL STANDARD, Vol. V) polyspermism may be interpreted in one of two ways: 1st, as due to a defective resisting power of the vitellus, or 2d, as due to excessive energy of the seminal bodies. The former the more frequent cause. Embryological theorists believe that a healthy vitellus resists the intrusion or destroys the individuality of such seminal heads as penetrate elsewhere than at the points where the polar globules were expelled. The question whether one or several spermatozoa fertilize has been actively discussed. The overwhelming weight of opinion is in favor of the belief that one spermatozoon does the deed. If more than one should penetrate at the normal entry point, they must be assumed to coalesce, for in normal development more than one male pronucleus has not been observed. Dr. Spitzka (St. Louis "Clin. Record," 1880,) advocated the view that several spermatozoa entered the ovum, and based this on the observation of rabbit ova, fertilized in a chamber under the microscope. He is now convinced that the mammalian ovum is so delicate that the polyspermism observed under these circumstances was probably pathological, i. e., the ova were moribund, and had lost their moral resisting power to vagrant spermatozoa, just as the maternal pronucleus loses its attraction for the seminal neucleus, which has not traveled in the proper channel.

THE "three months free medical treatment" dodge, so frequently adopted by Chicago advertisers, fails in England. One Chicago specimen has just been arrested there for "obtaining money on false pretenses" as a consequence of trying it.

Progress of Medicine.

THERAPEUTICS AND PHARMACOLOGY.

UNTOWARD EFFECTS OF KOLA NUT.—Dr. R. M. Wilcox found ("Amer. Jour. Med. Sciences") during the use of kola nut in convalescence from influenza, and in catarrhal and croupous pneumonias, that night doses had to be omitted and the drug sometimes had to be suspended because of the persistent wakefulness it occasioned.

UNTOWARD EFFECTS OF SALIPYRIN.—Dr. Hitschman has found ("Zeitschr. f. Therap.") that salipyrin produces undue sweating, skin eruptions, gastric disturbance, pulse irregularity, collapse and dyspnœa.

SODIUM SALICYLATE IN SPRAINS.—Labbée has found ("La Semaine méd.") that dram doses daily of this salt exerts a beneficial influence in sprains, whether or not a rheumatic element be present.

TR. IODINE IN RATTLESNAKE BITE.—Dr. E. F. Brown, of Kissimmee, Fla., has had ("Med. Brief") good results from iodine tincture in drop doses every fifteen minutes for an hour, and then drop doses every hour for twelve hours. Dr. Gauthier (MEDICAL STANDARD, Vol. II.) had also good results from it.

TREATMENT OF CHOLERAIC DIARRHŒA.—The St. Louis "Medical and Surgical Journal" cites the following Russian formulæ:

℞ Herbæ menthæ pip..... 3 iss
Croci orientalis.....grs. xl
Opii puri.....grs. lxxx
Rad. valerian..... 3 viii
Rad. rhei..... 3 xii

Infunde in spiritus vini rectificati fl. lb. jj digere per octo dies deinde filtra.

Cui adde:

Tinct. rhei amaræ, Ph. Ross.. 3 xii
Ætheris sulphurici.. ..... 3 xiii
Tinct. opii crocatæ, Ph. Ross. 3 ij
Ol. menth. pip..... 3 jss

M.D.S.—Give thirty drops in a small-sized wine glassful of some good wine every one-half hour or every hour, according to the course of the attack.

Simultaneously, some hot drink (tea, infusion of chamomile or mint, etc.) should be frequently administered, and the whole body thoroughly rubbed with spirits of camphor; enemata with tannic acid, and hypodermic injections of a saline solution are also valuable. In algid cases, however, any treatment is useless. Tinctura rhei amara spirituosa (vel tinct. rhei composita) Ph. Ross., is made of thirty-two parts of rhubarb, eight of gentian, three of serpentaria, and 384 of a 70-per-cent rectified spirit. Tinctura opii crocata (vel laudanum liquidum Sydenham, vel laudanum liquidum) Ph. Ross., is prepared of sixteen parts of opium, six of crocus, one caryophylli, one cortex cinnamomi cassiæ, and 152 vinum Xerense. Ten parts of the tincture are equivalent to one part of opium powder.

SALOPHEN.—Dr. Josef Frohlich ("Wiener med. Wochen.," July '92) states that in not one out of 30 cases of acute rheumatism did this remedy fail. The pain ceased in from three to four days, and the acute swelling disappeared in six to eight days. Large joint effusions were, however, not influenced. Salophen, like the other salicylate preparations, cannot prevent relapses. In two cases, acute endocarditis appeared during the treatment. Salophen, in acute rheumatism, is to be preferred to the salicylates because, being decomposed in the intestine, it does not irritate the stomach, since it can be given in large doses and for a long period without unpleasant effects, such as loss of appetite, nausea, vertigo or collapse, and is tasteless. The action of salophen upon chronic articular rheumatism was not constant in some cases, but in the others it had good effect, and therefore experiment is worth undertaking. Salophen has very little action as an antipyretic. In one out of three cases of cystitis it seemed useful. In three cases unpleasant effects were produced, but they were slight. Salophen is suggested as an intestinal antiseptic on account of the large quantity of salicylic acid with it contains, but Dr. Frohlich was unable to determine as to this, as suitable material was not at his disposal for experiment, and further states that he was not acquainted with the action of salophen upon pathogenic and putrefactive bacteria.

ELIXIR THION COMPOUND.—The formula below appeared in the "Indiana Medical Journal":

Rhubarb	oz.	1
Hydrastis.....	"	1
Sodium sulphocarbolate.....	gr.	8
Sodium hypophosphite.....	"	20
Alcohol	pt.	1
Water.....	"	8

Dissolve the salts in the water and alcohol, and with the menstruum percolate the powdered rhubarb and hydrastis. Flavor with peppermint.

THE Austrian government has ordered that during the prevalence of cholera, conductors on passenger trains be supplied with tincture of opium, to be employed in cases of emergency.

ANTI-CHOLERA SCAPULARY.—"The Western Druggist" states that a religious newspaper inserts the following announcement: "These scapularies, on which is embroidered the likeness of the Virgin Mary, are marvelously effective in protecting the faithful against indisposition from cholera. They have also been blessed by our Holy Father the Pope. N. B.—The length of the material enables the scapulary to cover the stomach. Being placed on this part of the body diarrhœa is immediately stopped. The anti-choleric scapularies may be obtained through the post by sending 4f. 50c. to Abbé G——, retired Naval Chaplain, Toulon." No doubt these scapularies will exert a preventive influence among simple-minded impressionable religionists by removing the elements of apprehensive expectation; still, this mediæval fetish worship is a spectacle illy befitting the much-glorified fin de siècle.

MORPHINE IN HAYDEN'S VIBURNUM COMPOUND. — It having been represented that this preparation contains morphine, S. A. M'Donnell, Ph. G., inquired ("Western Druggist") into this question, the result of which he laid before the California Pharmaceutical Society. For control experiments he made a mixture in all sensible properties resembling the original; the formula, given below, being claimed to be identical with that of the manufacturers'.

Cramp bark	pd.	1
Wild yam	"	1
Cloves	"	1
Scullcap	"	½
Cinnamon	"	½
Alcohol, 76 p. c., enough to make	gal.	4

It soon developed that the morphine reaction (Kalbrunner's) was obtained not only with Hayden's preparation, but also with the foregoing tincture, and the oil of clove was discovered to be the cause for this.

DANGERS OF STOMACH WASHING.—Dr. S. Fenwick ("Practitioner") deals with the dangers attending lavage and the harmfulness arising from its employment in unsuitable cases. He mentioned six cases of convulsive seizures in chronic diseases of the stomach, apparently brought about by the use of the stomach tube. A case of perforation of a gastric ulcer occurring immediately after the use of the stomach tube is reported. Hæmorrhage from the use of the stomach pump is not uncommon in some cases. Dr. Fenwick has been able to collect three cases of boracic acid poisoning from the employment of this agent as an antiseptic in disease of the stomach; two of the three cases proved fatal. The irrigation of the stomach not having been thoroughly performed, a sufficient quantity of the acid remained behind, absorption of which proved fatal. The proportion of cases in which any of the grave accidents related make their appearance is certainly very small, but the possibility of their occurrence should ever be before the practitioner's mind before deciding on using the stomach pump, which is not only of questionable benefit in many cases, but decidedly injurious, if not dangerous, in a considerable number.

INOZEMTZOFF'S DROPS, or tinctura antichol-erica, are (St. Louis "Med. and Surg. Jour.") dispensed after the following formula:

℞ Tincture rhei vinosæ.....30 grams.
Tincturæ strychini seminis.. 3 grams.
Tincturæ castorei canadensis,
Tincturæ opii simplicis Ph.
Rossicæ,
Tincturæ valerianæ ætheræ,
Spiritus ætherei.....ana 5 grams.
Spiritus menthæ piperitæ Anglici.....10 grams.

M.D.S.—To give from fifteen to twenty drops every fifteen minutes.

DERMATOL.—Dr. Azna states (Revista de Med. y Cir. Pract., March 7th, 1892) that dermatol, even when employed in large quantity, does no harm. It stimulates granulations. It is particularly useful in skin affections, such as eczema, which are characterized by much discharge. If dermatol is applied to wounds which have already begun to granulate, it greatly stimulates the process. In soft chancre, after the ulcers have been cleansed with antiseptic lotions, dermatol hastens repair and brings about rapid and thorough healing. In dermatoses, Azna thinks that dermatol, with its drying and astringent properties, its absolute harmlessness, and the ease with which it can be used, may advantageously replace starch powder, zinc oxide, etc. It is also useful in affections of the female genitals.

TREATMENT OF MALARIA HÆMATURIA.—Dr. E. H. Martin, of Green Grove, Miss., ("N. O. Med. and Surg. Jour.") states, anent the treatment of malarial hæmaturia, that the urine must be cleared; this is best done with turpentine; the bowels must be kept open, preferably with a saline; the nourishment must be carefully attended to, and the tr. ferri chlor. will be

beneficial. And then, to guard against renewed malerial poisoning during convalescence, there is a safe remedy in arsenic; and so the patient is allowed to recover. After recovery he will probably be able to stand quinine; if he should need it. He thus contrasts the views and results of the quinine and no quinine treatment:

QUININE.	NO QUININE.
A terrible disease.	Tends to recovery.
From 20 to 50 per cent of mortality may be expected.	No case need die if seen and treated within a reasonable time and no intercurrent or chronic disease be present.
Certain cases are so violent in onset as to be doomed from the beginning.	No case, however violent in onset, is incurable from that fact alone.
Relapses are the rule.	Relapses do not occur except from too early reinstitution of quinine treatment.
Convalescence slow.	Convalescence rapid.

ABDOMINAL SALT WATER TRANSFUSION in COLLAPSE.—Dr. Johnson-Alloway (Montreal "Med. Jour.") oophorectomized a 42-year-old woman. Both ovaries were non-adherent, nodular, and about the size and shape of a human kidney, stony hard, and attached to the uterus by a short pedicle. Three gallons of dark brown limpid fluid flowed away from the peritoneal cavity. There was evidence of secondary deposit in the mesenteric glands and elsewhere. Eight hours later the patient was pulseless, restless, sighing, and almost senseless; the shallow respiration became gasping. He believed that this condition was probably due to the sudden withdrawal of a great quantity of fluid, which had removed firm and constant pressure from the heart and large abdominal vessels and transfused about three quarts of sterilized salt solution (temperature 110°) into the abdominal cavity through the glass drainage tube inserted at the operation. The patient immediately began to scream and vomit violently. The tube was removed, and the opening closed by firm packs of cotton-wool. In about five minutes the radial pulse became full. Some hours later the abdomen was as flat as when the patient left the operating table. The highest temperature (second day) was 101.5°. The patient left the hospital within four weeks.

DARKNESS TREATMENT OF VARIOLA.—The old procedure of keeping variolous patients from the light has been revived with success.

SALOL IN CHOLERA.—The treatment for cholera proposed by Dr. Loewenthal (first dose of two grams followed by hourly or half-hourly doses of one-half to one gram of salol), has been used on human beings with remarkable results. Dr. Gonzales, of Salvador, ("Jour. Amer, Med. Assoc.") has used this treatment in fifty-three cases of cholera in one of the Philippine Islands with only three deaths (and these were already in the last stages of the disease when they came to treatment). The mortality under other modes of treatment is about 45 per cent.

TREATMENT OF CHOLERA.—Dr. W. Osler ("Med. News") says of cholera that the ideal treatment would be found in a remedy that, given early, would either control the multiplication of the bacilli in the bowels or neutralize the action of their poisonous products. Several drugs have been recommended for this purpose, like salol, by Loewenthal; and reports from various sources speak of good results. The drug may be given freely, in doses of from gr. xv to xxx every hour at first, for four or five hours, and subsequently every three hours. It probably acts by retarding the growth of the organism. There is no known antidote to cholera poison. Brunton advised atropine, to counteract the supposed contraction of the pulmonary arterioles, charged by Sir George Johnson with causing cyanosis. The symptomatic treatment should be directed to relieving the collapse by hot stimulants, as tea, coffee, brandy, and the external application of heat in various ways. The hot bath should be tried. Checking the vomiting: Cracked ice and champagne, creasote, hydrocyanic acid, menthol, and other means may be tried. There can be no question that the collapse is directly due to the diarrhœa, and yet it is probably an effort of nature to get rid of the poison. An evacuant treatment has been urged by Johnson, who advises the use of castor oil; but the general opinion runs strongly in favor of the use of remedies to check the profuse discharges. Various combinations of opium and ether are employed, with or without astringents Morphine, hypodermically, is to be preferred to opium by the mouth if the vomiting be obstinate. It has the advantage also of quickly relieving the pains and allaying the terrible restlessness. Two special measures may be given a thorough trial, viz: hypodermatoclysis and enteroclysis. The former Cantani urges upon the following grounds: The death of cholera patients supervenes either by asphyxia in the algid period or in consequence of a tumultuous reaction in the typhoid stage, because the organism, through diarrhœa and vomiting, has lost a very large quantity of its aqueous constituents, and has retained or cannot longer eliminate the excrementitious materials—the products of combustion and decay—an ac-

count of suppression of the functions of the kidneys. Recovery occurs when absorption is resumed, in the intestinal canal, of the fluids which furnish to the blood and to the tissues the water which is indispensable to them. The formula which he advises is as follows:

℞ Sodium chloride.....80 grams
Sodium carbonate..... 6 grams
Boiling water..... 2 liters.

With a fountain syringe and the canula of an aspirator, from one to two liters of the fluid is allowed to flow gently beneath the skin of the flanks. The tumor formed by the fluid is slowly rubbed away. He advises the warm bath in conjunction with the infusion. The operation may be repeated in two or three hours. Enteroclysis Catani employs as follows: If a diarrhœa do not yield to rest in bed and a warm opiated infusion of chamomile, then an enteroclyster of tannic acid solution should be injected. The tannin solution employed is as follows:

℞ Infusion of chamomile warm. 2 liters
Tannin.....5 to 10 grams
Laudanum..... 30 to 50 drops
Powdered gum arabic.....50 grams

CONSTIPATION.—The "New England Medical Monthly" recommends the following in constipation:

℞ Aloin.....gr. $\frac{1}{6}$
Ext. bellad..... " $\frac{1}{8}$
Ext. nux vomica..... " $\frac{1}{4}$
Papoid..... " iss

M. ft. pill No. 1. (Use no water to form mass.) (Keep in air-tight vials.)
Dose, one pill once or twice a day.

CHORALAMID IN INSOMNIA.—Dr. J. H. McBride states ("Review of Insanity and Nervous Disease" Sept., 1892,) that, in a case where all other hypnotics failed, ten grain doses of chloralamid produced a refreshing sleep. Sulphonal in this case caused gastro-intestinal irritation, and was followed by depression and irritability. Chloralamid had no such effects.

ALCOHOL IN VAGINAL ULCERS.—Dr. Barsong reports ("Texas Courier-Rec. of Med.") the case of a woman who was admitted to the hospital for operation upon a carcinoma of the vagina. Owing to the overcrowded condition of the hospital, operative treatment was deferred, and the author, chiefly for the sake of cleanliness, washed the cancerous sore daily, later twice daily, with alcohol. Eight days later the sore had diminished to such an extent that the operation was again postponed. The ulcer healed completely, but two small sores reappeared which closed up after washing with alcohol. The patient left the hospital cured. In the case of another woman, in which a carcinoma of the vaginal portion of the cervix had been diagnosed, but operation refused, the author resorted to the alcohol washings with success.

VISUAL DISTURBANCES FROM MALE FERN.—Katayama and Okamoto (Sei-I-Kwai, June 25, 1892) have reported cases in which administration of extract male fern has been followed by either temporary or permanent amblyopia. In each case the dose given had been about ten grams. Lewin reports many similar cases.

ANTIPYRIN IN EPISTAXIS.—Dr. E. G. West, of No. 630 Warren St., Boston, ("Weekly Med. Rev.") has found no agent so reliably prompt in its action in epistaxis as antipyrin. When a case of unusual violence occurs, he saturates a pledget of cotton in a solution of antipyrin or in the dry powder and introduces it into the nostril. It rapidly stops the bleeding. The patient by this method is relieved from the dangers of the disagreeable tarry clots formed by the solution of iron commonly used for this purpose.

OBSTETRICS AND PÆDIATRICS.

BLUSHING is not ("Medical Record") an art, neither is it an absolute sign of ill-breeding, as some unkind folk maintain. The fact is, it is just as natural for some people to blush on one occasion as it is for others to turn pale on another. The same laws of nature that govern the one rule govern the other. The capillaries, or small blood vessels, which connect the arteries and veins in the body form, particularly over the cheeks, a network so fine that it is necessary to employ a microscope to distinguish them. Ordinarily the blood passes through these vessels in normal volumes, leaving only the natural complexion. But when some sudden emotion effects the heart its action increases, and an electric thrill instantly leaps to the cheeks. This thrill is nothing more than the rush of blood through the invisible capallaries; the color is nothing more than the blood just beneath the delicate surface of the skin. The causes that bring about this condition in the circulating system are called mental stimuli. They consist of joy, anger, shame, and the many other emotions. Sudden horror, remorse, or fear, on the contrary, influences the nerves which control the blood vessels, and the face becomes white. Blushing and pallor result from the sudden action of the mind on the nervous system. So, if the mind

be forewarned and prepared for emotions both habits can at least be partially overcome. But when the nervous system is highly strung, it would be a lifelong, if not a futile, task to endeavor a permanent cure. It is the sensitive, nervous girl who blushes easily, while the girl stolid by nature or who, by education, has her nerves under perfect control seldom blushes.

PARTURIENT EXAMINATION AND PUERPERAL FEVER.—The "Medical and Surgical Reporter" states that during the period of dilatation of the cervix, an internal examination should only be undertaken under the following circumstances: First, in cases where the condition of the patient is greatly impaired—as in eclampsia, nephritis, fever, bad circulation, etc.; second, in cases where there are local disturbances—hæmorrhage, abnormally painful labor, or an abnormally long period of cervical dilatation; third, in cases where an external examination reveals an abnormal condition—such as the head of the fœtus over the pelvis in primiparæ, or after the rupture of the amniotic sac in multiparæ, an abnormal enlargement of the lower uterine, segment, rupture, lessening of the fœtal heart sounds, or abnormal position of the fœtus. During the period of expulsion an internal examination is admissible only under the following circumstances: First, in cases of general derangement—such as fever, bad pulse, great excitement, eclampsia, and nephritis; second in cases of local derangement—such as delayed rupture of the amniotic sac, hæmorrhage, insufficient labor, or retarded delivery; third, in cases of an unlooked-for change in the position of the fœtus, abnormal distension of the lower segment of the womb threatening rupture, lessening of the fœtal heart sounds, and displacement of the fœtal head above the pelvis. In order to be able to restrict the internal examination of parturients to the above named conditions, it will, of course, be necessary to submit the patient to a careful external examination, and indeed lay greater stress on the latter than is now generally done. It will also be necessary for obstetrical clinics and schools to give their students more exact data regarding external examinations than is generally done. This being accomplished, the results of a limitation of the internal examination of parturients will be speedily evident.

EASY LABORS IN CASES OF CONTRACTED PELVIS.—Tarnier ("St. Louis Med. and Surg. Jour.") warns his pupils against the fallacy that because a woman has had three or four easy labors the next future labor will certainly be easy. The contrary is often the case. Every day instances occur of women with a conjugate of nine centimeters (three and one-half inches) delivered spontaneously. After four or five such labors the next proves difficult. The explanation is not always easy; probably the size of the fœtal head had not been estimated or measured, proving larger in the last than in earlier labors. When a student, Tarnier was once summoned to a case, and found a big baby in a cradle. It was big when born, the mother said. On examining the mother, who was in labor, he found that the pelvis was contracted. The previous child had been delivered spontaneously. The labor in hand proved very difficult, and could not be concluded without the cephalotribe.

UTERUS ATROPHY IN YOUNG WOMEN.—Gottschalk ("St. Louis Med. and Surg. Jour.") cites a large number of cases which he has observed in girls and young women. Atrophy of the uterus is often the direct or indirect result of scarlet fever, typhoid fever, and acute articular rheumatism. The uterus may be directly involved—indeed, ovarian disease, particularly scarlatinal oöphoritis, often proceeds slowly, and undergoes spontaneous cure, though when severe or very chronic it usually involves uterine atrophy. In four of his cases the patients were attacked by typhoid fever at the time of their first menstruation. These researches are held to show that it is necessary to maintain tonic treatment in all cases of the above-named acute diseases, when they attack young women, long after the disappearance of fever. The return of strength is then usually followed by the appearance of the period. Santonin and permanganate of potassium seem to hasten the disappearance of amenorrhœa. The pelvis must be explored, and if the ovaries feel enlarged, warm baths, iodine, and ichthyol will be needed. Should this complication be neglected, the atrophic condition of the uterus will soon become incurable.

HEPATIC CIRRHOSIS IN CHILDREN.—Jollye, after an analysis of 118 cases of hepatic cirrhosis occurring under the age of 18 ("Brit. Med. Jour."), concludes that alcohol, lues, and malaria account for 50 per cent of the cases, the others being mostly referable to the exanthemata and dietetic errors. Severe pyrexia, quick, rapid respiration are frequent symptoms of this state. When symptoms of failing health in children occur without adequate cause, especially if associated with epestaxis, or other hæmorrhage, the

development of nævoid growths or occasional jaundice, the liver should be examined for cirrhosis. Half the cases occur between 7 and 13, and among males are twice as frequent as females. If all symptoms disappear under treatment they are apt to return and end fatally within about three years. Tonic treatment constitutionally, with treatment of symptomatic indications, give the best results.

THE DECIDUA AND EXTRA-UTERINE PREGNANCY.—Dr. E. A. Ayers ("American Journal of Obstetrics") concludes: In extra-uterine pregnancy the endometrium generally changes to decidua. Decidual tissue is pathognomonic of pregnancy. Portions of the endometrium may be obtained with the curette, examined with the microscope, and decidual tissue recognized if present. Such tissue may be a remnant of an abortion, a part of decidua surrounding a live ovum, or due to an extra-uterine pregnancy. The microscope, in connection with the clinical history, can determine to which variety the species belongs, and, if to the third, may establish the presence of an extra-uterine gestation.

PUERPERAL TETANUS.—Dr. C. P. Noble reported to the Philadelphia County Medical Society the case of an inverted uterus, in consultation. Puerperal tetanus developed and the patient died ten days after labor. Tetanus came on one week after labor. The woman was under the care of a homœopath. After delivery he tried to expel the placenta by traction and expression, but not succeeding, as he thought, a regular physician was called. It was found that the homœopath had been trying to deliver the uterus and had partly delivered it.

SURGERY AND OPERATIVE GYNÆCOLOGY.

AMPUTATION OF THE FOREARM. — The success recently attained by Esmarch in forming a movable and organic appendage to the stump of an amputated leg has led Albert ("St. Louis Med. Jour.") to offer the following suggestions with regard to amputation in the lower third of the forearm by interior and posterior flaps of skin. It is proposed that before division of the muscles, the tendons of the two radial extensors of the carpus, of the ulnar extensor, and of the two flexors of the carpus, be separated from their sheaths and the surrounding soft parts—their attachments to their corresponding muscles being left intact—and then divided as near as possible to their insertions. After division of the muscles and bones, and arrest of all bleeding, canals are drilled obliquely through the ends of the divided radius and ulna, into each of which canals is inserted the free end of each of the above-mentioned tendons. In this way each tendon is made to acquire a firm attachment to its corresponding bone. After the wound has healed, and the stump become quite sound, Albert would endeavor to establish a freely movable false joint about a finger's breadth above the end of the two bones of the forearm, by resecting a portion of each. The patient when supplied with an artificial hand would, it is stated, derive much advantage from the existence of this movable segment, which could be flexed and extended at will.

INSANITY AFTER OPERATIONS.—Dr. J. M. Baldy concludes, in a paper read before the Philadelphia county medical society, that cases of serious mental derangement may occur after operations on patients without any previous personal or family histories of insanity. Mental disorders are no more likely to follow operations on the sexual organs than on any other part of the body. Such disorders occur just as frequently in men as in women. Operations are at times the determining cause of mental derangements where there was no previous tendency to the disease. Mental disturbances occurring a considerable time (months) after an operation, are most probably independent of the surgical procedure. The development of psychoses may follow in those cases in which the convalescence from the operation has been perfect. The existence of a predisposition to psychoses should stay the surgeon's hand, except in such cases as are urgent and necessary. Mental derangements follow operative procedures with more frequency than is generally supposed.

GALL-BLADDER OPERATIONS.—Dr. Rufus B. Hall, Cincinnati, reports ("Medical Fortnightly") seven cases of the gall-bladder operations. In three the common duct was obstructed from three to seven and nine weeks, respectively. He would hesitate to advise an operation in cases where there had been complete obstruction of the common duct for seven to nine weeks. The power of recuperation in such profound and continued cholæmia is so feeble that there is but little hope for other than a fatal termination. He was strongly inclined to the opinion that there is a causative relation between gall-stones and malignant disease in and about the gall-ducts and head of the pancreas. He thought that the long years of continued irritation from the presence of gall-stones, and the consequent repeated attacks of hepititis

favored the development of malignant disease in and about the gall-ducts. He urged early exploration in obscure hepatic disease of a number of years standing, even if positive diagnosis of gall-stones could not be made, and cited a case in which he removed ninety-one gall-stones under similar circumstances. In that case the patient had pains in the region of the gall-bladder and liver, but no other signs of gall-stones. If early operations were made there would not be so many case of obstruction of the common duct, with the high mortalitity following that complication. If all of these cases operated upon, where the common duct was obstructed, could be tabulated, the mortalitity would probably be very great. On the other hand, in cases where the common duct is not obstructed the mortality from operation is very small.

TETANUS IN HEPATIC CIRRHOSIS.—Dr. G. A. Hewitt ("Med. Bull.") reports a case in which tetanus resulted during the progress of a case of hepatic cirrhosis, and was seemingly related thereto.

INTESTINE FOREIGN BODIES SIMULATING TYPHOID FEVER.—Dr. Dorsett, at a recent meeting of the St. Louis Medical Society, reported a case in which he had been called in consultation by Dr. Smith. The patient, a seventeen-year-old girl, had all the symptoms of typhoid fever. A piece of cotton cloth, eight inches long by one and one-half inches wide, was found, under conditions which indicated that it had been discharged from the system of the patient. The family stated that it was two years since similar cloth had been in the house. The two ends of the cloth were tied in a double knot. Dr. R. H. Day, of Baton Rouge, La., has reported (MEDICAL STANDARD, Vol. IV, p. 101) a case in which coal tar swallowed by an eight-year-old girl produced typhoid symptoms. Poulet also points out ("Foreign Bodies") that typhoid symptoms may be produced by the presence of foreign bodies in the intestine.

LIGHTNING STROKE.—Dr. S. M. Tancy, Port Republic, Va. ("Med. Brief."), reports the case of a thirty-five-year-old man who was riding beside a grove. A tall oak close by was struck by ligntning, which ran down the tree to a small limb and off of the limb onto the patient's head, passed down his side to the lower part of the abdomen, there dividing and running down each lower limb, destroying all the scarf skin in its course, killing the horse upon which he was riding, and rendering him unconscious for several hours. Dr. Tancy, on his arrival, found all the hair upon the top of the head destroyed and the man in a semi-conscious condition. A month later all symptoms had disappeared except pain in the course of the current and loss of memory of recent events. Most of these cases recover perfectly.

GENERAL MEDICINE.

ALEXINES.—According to the researches of H. Buchner ("Medical Fortnightly"), the germicidal, globulicidal and antitoxic powers of fresh blood-serum reside in complex, albuminous substances named by him alexines. The influence of these bodies is to be considered physiological, rather than purely chemical. Their activity gradually disappears when the serum is kept outside the organism, and is rapidly destroyed by a temperature of 98° to 100°. Fivefold to tenfold dilution with sterilized normal salt solution scarcely alters their properties, whereas similar treatment with plain water also annihilates their energies. These may, however, be restored by subsequently adding 0.7 per cent of salt. The alexines of different species are antagonistic to one another. In connection with the foregoing may be mentioned the experiments of Tizzoni and Pattani (Riforma med.) showing that the serum of animals rendered refractory to tatanus will confer this immunity to others. The serum owes this power to changes effected by the spleen, an office which none of the other blood-forming organs are capable of assuming. Aside from the bearing which these facts have upon pathology, it would seem that they also carry suggestions of practical utility. Tommasoli ("Gazetta degli ospitali") successfully employed sheep's serum in the treatment of five cases of secondary syphilides and one case of syphilitic periostitis. Deep injections of from 2 to 8 ccm. of sterilized serum were made daily into the nates. Besides local induration, ephemeral fever, and in two cases an erythematous eruption, there was noted in the six cases an abatement of specific symptoms with a rapidity not attained by any other therapeutic procedure.

CHOREA AND NEPHRITIS.—L. Thomas Freiburg ("Deut. Med. Woch.") reports a case of chorea which appeared in a neuropathic boy coincident with a nephritic attack. It did not yield to the usual remedies, but disappeared on recovery from the nephritis.

TOBACCO AND THE EYES.—Dr. F. Dowling, of Cincinnati, after a study of 3,000 persons employed in local tobacco factories, finds that 95 per cent suffer from visual troubles of nicotine origin.

Correspondence.

ALCOHOL IN DISEASE.

[To the Editor:] The American Medical Temperance Association, through the kindness of J. H. Kellogg, M. D., of Battle Creek, Mich., offers the following prizes: 1st. One hundred dollars for the best essay "On the Physical Action of Alcohol, based on Original Research and Experiment." 2d. One hundred dollars for the best essay "On the Non-Alcoholic Treatment of Disease." These essays must be sent to the secretary of the committee, Dr. Crothers, Hartford, Conn., on or about May 1, 1893. They should be in type-writing, with the author's name in a sealed envelope, with motto to distinguish it. The report of the committee will be announced at the annual meeting at Milwaukee, Wis., in June, 1893, and the successful essays read. These essays will be the property of the association and will be published at the discretion of the committee. All essays are to be scientific, and without restrictions as to length, and limited to physicians of this country. Address all inquiries to

T. D. CROTHERS, M. D.,
Secretary of Committee.

HARTFORD, CONN.

TREATMENT OF GONORRHŒA.—Dr. R. F. Price of Braddock, Pa., advises ("Med. Brief") the use of the following prescription in gonorrhœa:

℞. Lithiated hydrangea (Lambert) 4 ounces.

Sig.: Take two teaspoonfuls in water, with six drops of oil of gaultheria, three times a day, two hours after meals.

℞. Morph. sulph..... 4 grains.
Zinc. sulpho-carbolate...40 grains.
Hydrogen peroxid (Marchand).....4½ drams.
Aquæ dest...q. s. ad... 4 ounces.

M. Sig.: Use syringeful, after urinating, three times a day.

Always instructs patient to exercise great care, when using the syringe, to press the urethra with thumb and forefinger to prevent the fluid from being thrown too far back. A little caution right here will prevent the intense irritation that so commonly follows the bladder use of the syringe, in causing irritation at the neck. The hydrangea is, par excellence, the remedy for painful urination combined with the lithia, which is a pleasant diurutic. Ol. gaultheria serves the same purpose as balsam copaïba while the injection quickly exterminates the exciting cause.

CINNAMON OIL IN ALOPECIA.—Busquet ("Condensed Extracts") treated 80 cases of alopecia with cinnamon oil. He basis its uses upon experiments made on the lower fungi with ætherial oils, which led him to employ antiseptic treatment in parasitic dermatoses and especially alopecia. He prescribes:

℞ Ol. cinnamom. chin.....f 3 viiss
Æth. sulph.....f 3 xvi

The solution is painted to the affected surface once a day. The hair is cut as short as possible, and all washing of the scalp is forbidden during treatment. Cases of alopecia, which had for years defied all treatment, were rapidly cured. The average duration of treatment was between three and four weeks. The first applications sometimes provokes slight redness and sensation of heat which disappear when the treatment is omitted for a day or two. He treated three cases of alopecia of the beard. Two of them had placques 5 and 3 centimetres (about 2 ½ and 1 ½ inches) in size. In ten days the bare spots were thickly covered with hair. The third was a case of a year's standing. It recovered in 25 days. The oil has also proven successful in favus and herpes circinnatus.

ASCARIDES AND TYPHOID FEVER.—Peracchia (Gazetta degli Ospitali) in an autopsy on a case of typhoid fever, with symptoms of acute intestinal perforation and severe intestinal hæmorrhage, found the gut wound occupied by a large ascaris. Two more ascarides were discovered in the ileum. He attributes the perforation to the ascaris. He previously observed several cases of typhoid extending over five or six weeks, which began to recover when worms were spontaneously passed or were removed by drugs. He advises anthelmintics, like santonine, at the outset of typhoid.

THE centenary has just been celebrated of the establishment of the York Retreat by William Tuke. Tuke did for the humane treatment of the insane in England what Chiarrugi had previously done for the Italian insane and Pinel for the French. County or district care with lay control underlay the abuses these philanthropists tried to remove.

Societies and Colleges.

THE MISSISSIPPI VALLEY MEDICAL ASSOCIATION meeting at Cincinnati was excellently attended. President Reed's address dealt with topics incident to the session. Dr. G. A. Fackler welcomed the Association. The annual report of the secretary was read and adopted. A series of resolutions favoring individual efforts to secure the passage of the bill to create a Secretary of Public Health, favoring admission of members on certificate of membership of other medical societies, and thanking all the officers engaged in the successful quarantine work done in New York, were adopted. Papers were read in the medical section as follows: Dr. Philip Zenner, Cincinnati, "Diagnosis of Spinal Diseases"; Dr. C. H. Hughes, St. Louis, "Morbid Erotism," also "Note on Nervous Disturbances After Removal and Atrophy of Testicle"; Dr. H. M. Lash, of Indianapolis, Ind., "A Plea for Deeper Research into the Pathology of the So-Called Functional Neuroses"; Dr. A. B. Thrasher, Cincinnati, "Supra Orbital Neuralgia of Intra-Nasal Origin"; Dr. Dudley S. Reynolds, Louisville, Ky., "Asthenopia Melancholia"; Dr. T. C. Kennedy, Shelbyville, Ind., "Hydrocephalus"; Dr. H. N. Moyer, Chicago, "Traumatic Neuroses, with Special Reference to Spinal Concussion, So-Called."

Before the section of surgery, in connection with the paper on "Papillary Growths in the Larynx in Childhood," Dr. Roylan exhibited a boy of nine years, from whose vocal cords he had removed a tumor, which threatened suffocation, without injury to the vocal cords.

The following papers were read on October 13: Joseph Ransohoff, Cincinnati, "Sarcoma of the Chest Wall," with presentation of patient; Eugene Boise, Grand Rapids, Mich., "Intestinal Paralysis Following Laparotomy;" W. H. Humiston, Cleveland, "The Surgical Treatment of Chronic Endometritis;" J. R. Murphy, Chicago, "A New Method of Intestinal Anastomosis, and End to End Approximation without Suture;" Thomas S. Hoover, Columbus, O., "Cyst of the Mesentery;" Walter A. Suiter, Herkimer, N. Y., "Of Conservatism to the Surgical Treatment of Appendicitis;" G. Frank Lydston, Chicago, "Inflammation of the Caput Coli;" G. W. Ryan, Cincinnati, "Management of Rachitic Deformities;" H. O. Walker, Detroit, Mich., "Excision of Scapula for Malignant Disease, Amputation at Hip Joint, Wyeth's Method for Osto-Sarcoma of Femur," with specimen; John Ridlon, Chicago, "The Principle for the Treatment of Chronic Joint Disease;" D. N. Kinsman, Columbus, O., "Cellular Pathology;" W. H. Daly, Pittsburg, "A Clinical Study of Glanders;" J. G. Carpenter, Stanford, Ky., "The Relation or Coincidence of Diseases of the Upper Air-Passages;" Joseph Eichberg, Cincinnati, "Experiments with Modified Tuberculin" cases; Max Thorner, Cincinnati, "The Treatment of Laryngeal Tuberculosis with Modified Tuberculin;" Bransford Lewis, St. Louis, "A Materialistic View of Sexual Impotence and Allied Affections;" C. F. McGahan, Chattanooga, "Pulmonary Phthisis, Its Curability and Treatment;" John North, Toledo, O., "What is the Cause of Diphtheria? Is it a Local or Constitutional Disease? Its Prevention and Treatment;" S. C. Ayres, Cincinnati, "The Prevention of Blindness by the Stamping Out of Ophthalmia Neonatorum;" W. Cheatham, Louisville, "The Effect of Weak Eye Muscles upon the General Condition;" Francis Dowling, Cincinnati, "The Effects of Tobacco on the Vision;" D. R. Silver, Sidney, O., "Abnormal Refraction and Muscular Insufficiency, Eye Cases in General Practice;" S. G. Dabney, Louisville, "Headache of Ocular Origin." The following officers were elected:

President, R. Stansbury Sutton, Pittsburg, Pa.; vice-presidents, Drs. W. N. Wishard, of Indianapolis, and W. T. Christopher, Chicago; secretary, T. V. Fitzpatrick, of Cincinnati, O.; chairman of the committee on arrangements, F. C. Woodburn, of Indianapolis; committee on credentials, C. S. Bond, chairman, of Richmond, Ind.; I. N. Love, of St. Louis, Mo.; J. B. Murphy, of Chicago; T. H. Stuckey, of Louisville; T. Potter, of Indianapolis; judicial council, C. A. L. Reed, chairman, of Cincinnati, O.; C. H. Hughes, of St. Louis, Mo.; W. H. Daly, of Pittsburg, Pa. The new president was introduced after Dr. Reed read his interesting address, and paid a high compliment to the officers of the past year.

Indianapolis was chosen as the next place of meeting. It was also resolved, after some discussion, to amend the constitution of the society so that good standing shall be considered sufficient qualification for membership in the society. The amended law required every member to subscribe to the society's code of ethics.

THE JACKSON CO. (MO.) MEDICAL SOCIETY elected the following officers:

President, Dr. M. A. Bogie; vice president, Dr. T. P. Eaton; secretary, Dr. William Frick; treasurer, Dr. J. W. Kyger; librarian, Dr. Joseph Sharp; censor, Dr. J. W. Binnie, and as members of the membership committe, Drs. C. P. Cathcart, C. Lester Hall and E. Von Quast.

THE BUCHANAN CO. (MO) SOCIETY elected the following officers:

Dr. A. P. Busey, president; Dr. Edward Sampson, vice president; and Dr. Daniel F. Morton, secretary.

Reviews and Book Notices.

LYDSTON'S GONORRHŒA AND URETHRITIS* is a contribution to genito urinary pathology of decided value. It is permeated by a broad spirit of inquiry, shown even in its titular demarcation between the non-specific urethrites and gonorrhœa. He points out that many of the former may be due to the genesis of a toxine by bacteria which, under ordinary circumstances, are non-pathogenic, or by neurotrophic perturbations producing bio-chemical tissue change and resultant excretory products. Recent researches by Mairet, Fere, Voisin and others, on the urine in the neuroses, show that toxines are produced in these states. An element of error in diagnosis may thus result of no little sociological and forensic importance. Dr. Lydston also shows that "uric acid storms" in the lithæmic may produce urethrites simulating gonorrhœa. The work is permeated by a broad erudite spirit, of which lucubrations on this topic are generally destitute, the patient being usually regarded as an appendage of the urethra. The work exhibits keen clinical insight, logical powers of association, and is written in a clear style. Typographically, the book is excellent, but it is unwieldy in shape. Its purchase and perusal will be well rewarded.

TUKE'S PSYCHOLOGICAL DICTIONARY.†—The merits of the English edition of this work have already received a brief commendation in the MEDICAL STANDARD. Typographically, the American edition is far superior. The work has one noticeable defect, there is a decided lack of contributions by Americans and references to American literature. The bibliography is very deective in this particular: under the year 1846 no reference is made to the work of Gait; under 1883 the epoch making work of Spitzka is not mentioned. In the literature of transitory frenzy no reference is made to the American contributions on this subject subsequent to 1869. Dr. Von Schwartzer is decidedly to blame for this, as all these have been widely quoted in Germany. Under feigned insanity, no mention is made of the fact that the insane feign insanity; an omission of great importance from a forensic standpoint. The forensic aspects of folie a deux are not discussed. American judicial decisions on insanity receive but little attention. The work however merits, as a whole, a place in the library of every physician.

*Gonorrhœa and Urethritis, by G. Frank Lydston, M. D. Detroit: G. S. Davis, 1892.

†Dictionary of Psychological Medicine. Giving the definition, Etymology, and Synonyms of the Terms used in Medical Psychology, with the Symptoms, Treatment, and Pathology of Insanity, and the Law of Lunacy in Great Britain and Ireland. Edited by D. Hack Tuke, M. D., LL.D. Two volumes. Pages 1477. Cloth, $13.00. Philadelphia: P. Blakiston, Son & Co. 1892.

BRESTOWSKI'S HANDWOERTERBUCH DER PHARMACIE.*—The value to pharmacists of this work of reference, now making its appearance, cannot be overestimated, since, aside from very high-priced encyclopædias of pharmacy, there is no other similar work in existence. When finished, this magnificent work will form two volumes, (7x10) of about 1,000 pages each, printed on elegant stock and in clear type, at the reasonable cost of somewhere near 60 marks or $15, or about $20 with the duty added. According to the prospectus, and as near as can be judged from the four issues (*A. Burtonisiren*) before us, this work will enable every pharmacist to inform himself at a glance on every subject relating to the profession, including the branches of chemistry, pharmacognosy, botany, pharmacology, hygiene, chemistry of foods, bacteriology, physiology, chemico-analytical methods, microscopy minearlogy, zoology, etc., etc., besides practical pharmacy. The Handwoerterbuch der Pharmacie will consist of two independent volumes, alphabetically arranged, volume I. being the theoretical part, while volume II., or the special part, will be devoted exclusively to the galenical preparations formulas for popular preparations, specialties and nostrums. Especial attention has been given to the newer remedies. The following series, quoted at random, will give a fair idea of the wide range of titles encountered in its pages: Astrocaraum, Astroclereiden, Asymmetrie, Asymmetrische Bluethen, Asyngamie, Atakamit, Atantasch, Atavismus, Ataxie, Atees, Ateesin, Atelectasie, Atelie, Atesin, Athamanta, Athamantin, Athanasia, Athar, Athem, Athemholen, Athemnoth, Atherman, Atherom, Atherosperma, Atherospermin, Athetose, Athmung, etc. The text, while short and concise, gives all the important information apt to be looked for, as, for instance, in the case of chemical and botanical drugs, we find description, source, mode of preparation, properties, reactions, tests, uses, doses, etc. From what has been said, physicians would find this encyclopædic dictionary of pharmacy quite as useful as pharmacists and students, and to all those conversant with the German language it will prove a source of valuable information and profit. The character of the work is guaranteed by the names of the collaborators, among the three-score of whom may be mentioned a few like Fabini, B. Fischer, A. Gawalowski, Holfret, Jolles, Mierzinski, Oeffele, Paschkis, Ritsert, Virchow, Vomacka, etc.

*Handwoerterbuch der Pharmacie. Practisches Handbuch fuer Apotheker, Aerzte und Drogisten. Herausgegeben von A. Brestowski, Zwei Baende. In circa 24 Lieferungen zu je 5 Bogen Lex.—8. Preis er Lieferung M. 2.40. Wien und Leipzig: Wilhelm Braumueller, 1892. Chicago: Koelling & Klappenbach, 48 Dearborn st.

State Items.

ALABAMA.—Dr. J. P. Searcy, first assistant physician of the Tuscaloosa insane asylum, succeeds Dr. Bryce as superintendent.—Dr. R. H. Arrington, of Livingston died recently.

CALIFORNIA.—Dr. A. Meek, of San Leandro, died recently at the age of 73.—The following have been appointed county health officers: Dr. C. D. Watson, Ontario; Dr. F. M. Siebert, Chino; Dr. R. D. Barber, South Riverside.—Dr. L. C. Frisbie, of Vallejo, died recently.—*San Francisco.*—The license of "Dr." Fluno, a local Hahnemaniac "Christian scientist," has been revoked by the homœopathic board of examiners.—Dr. T. H. Titus succeeds Dr. Le Fevre (resigned) as superintendent of the county hospital.

COLORADO.—The state board has licensed Drs. John M. Evans, George J. Cook, A. L. Craig, J. Theodore Hatzopulus, W. P. Wilson, H. P. Given, Andrew Shannon, Bella Corwin, E. V. Davis, W. J. McDonald, James W. Smith, H. P. Barton, William Caston, C. P. Harrigan, John F. Ford, Paul E. Spratton, Milton J. Mack, Frank H. Mary, Henry E. Kendall, F. E. Goakum, A. M. Cheviallier, Lester C. Stadler, M. A. Otterbourg, J. J. Wilson, F. O. Lloyd, J. M. Curtis, Oscar B. Griggs, Theodore M. H. Hotopp, James Sullivan, J. F. Condon, J. B. Wright, Sarah A. Goff, L. L. Sherrod, Horace P. Porter, Mary C. Reed, Thomas F. Campbell, Leven Gray, J. C. Chipman, Abraham Rosenthal, F. V. Baldwin James J. Henry.—*Denver.*—Dr. A. Shannon died October 7, Dr. E. C. Gray October 3 and Dr. J. C. Davis October 8.—"Dr." Gee, a new Chinese newspaper scientist, has been arrested for distributing abortion circulars.—The personnel of the new state board of health is as follows: Dr. H. K. Steele, Denver, president; Dr. Henry Sevall, Denver, secretary; Dr. Arnold Stedman, Denver; Dr. Edmund J. A. Rogers, Denver; Dr. R. W. Corwin, Pueblo; Dr. H. C. Crouch, Colorado Springs; Dr. H. R. Bull, Grand Junction; Dr. J. Hawes, Greeley; Dr. R. I. Wooding, Trinidad.—Dr. R. Ketterer, of Trinidad, recently married Miss R. E. Bell.

CONNECTICUT.—Dr. J. R. Craften succeeds Dr. H. J. Shelley as New London city physician.—Dr. T. W. Sanford, of Tariffville, died recently at the age of 85.—Dr. H. A. Meeks, of Meriden, married Miss S. F. Austin October 16.—Dr. Alexander A. Walter, of New Haven, was charged with malpractice, the plaintiff claiming $2,000 damages. She alleged that the doctor gave her poisonous drugs, which, but for the timely assistance of another physician, would have killed her. Dr. Walter stated that the woman was directed to use a solution of carbolic acid as a lotion, but drank it instead. She circulated very slanderous stories concerning the affair, and was arrested. She then sued for malpractice, and the jury found for the physician.—Dr. A. K. Brennan succeeds Dr. J. F. Sullivan as New Haven almshouse physician.—Dr. F. L. Smtth has located on East Main street, Stratford.—Dr. E. Phinney, of Tantie, died October 14, at the age of 83.

DAKOTA, SOUTH.—Dr. S. Barr died recently.—Dr. Bailor, of Leod, has been appointed the G. R. C. & U. Company's physician.

DISTRICT OF COLUMBIA.—*Washington.*—Dr. Reuterberg died recently, in his 80th year.—Dr. W. W. Ord, of London, married Miss Mary C., daughter of Dr. J. S. Billings, October 5.—An attendant of the St. Elizabeth's insane hospital was bribed into allowing a paretic convict to escape. He was caught cashing a check given him by the patient. The following are the revised statues relating to false marking and infringment of patents: Section No. 4901. Every person who in any manner marks upon anything made, used or sold by him for which he has not obtained a patent the name or any imitation of the name of any person who has obtained a patent therefor without the consent of such patentee or his assigns or legal representatives; or who, in any manner, marks upon or affixes to any such patented articles the word "patent" or "patentee" or the words "letters-patent," or any word of like import, with intent to imitate or counterfeit the mark or device of the patentee, without having the license or consent of such patentee or his assigns or legal representatives; or who, in any manner, marks upon or affixes to any unpatented article the word "patent," or any word importing that the same is patented, for the purpose of deceiving the public, shall be liable, for every such offense, to a penalty of not less than one hundred dollars with costs; one half of said penalty to the person who shall sue for the same, and the other to the use of the United States, to be recovered by suit in any district court of the United States within whose jurisdiction such offense may have been committed. Section No. 4942. Any person who shall reproduce, counterfeit, copy or imitate any recorded trade-mark and affix the same to goods of substantially the same descriptive properties and qualities as those referred to in the registration, shall be liable to an action on the case for damages for such wrongful use of such trade-mark, at the suit of the owner thereof; and the party aggrieved shall also have his remedy according to the course of equity to enjoin the wrongful use of his trade-mark and to recover compensation therefor, in any court having jurisdiction over the person guilty of such wrongful use.

GEORGIA.—Dr. Fensch has resigned the superintendency of the Grady Hospital, Atlanta.—Dr. J. C. Montgomery has located at Americus and Dr. C. D. Hart in Atlanta.

IDAHO.—The miners' riot had its origin in the attempt of the companies to compel the desertion of the hospitals of the unions and the use of the companies' physicians.—An attempt is being made to form a state medical society and secure a medical practice act.

ILLINOIS.—Dr. Doan Parks, of Canton, has removed to London Mills.—The state board has licensed Dr. J. Rutherford, of Aledo; M. B. Sharp, of Springfield; R. H. Burton, Belvidere; P. R. Wrightsman, Lanark; B. A. Denig, Elmhurst; K. A. Esch, Peoria; William R. Harper, Eddyville; A. C. Phillips, Warren; H. F. McCoy, Englewood; J. T. McGill, Springfield; and W. J. Rogers, Wickliffe, Kentucky.—Dr. Reilly, secretary of the state board of health, has been sued for $25,000 for libel by Dr. W. C. Brinkerhoff, in declaring he was an advertising and itinerant physician, thereby causing his name to be omitted from the physicians' directory.--Dr. Voight, of Silver Creek township, has located in Freeport.—Dr. W. A. Palmer, of Evanston, married Miss A. Bonney October 4.—Dr. G. W. Wheeler, of Paxton, has located in Rock Island.—Dr. H. G. Todd, of Danville, died recently.—*Chicago.*—Dr. W. C. Boughton, of 5835 Madison avenue, recently married Miss C. H. Riedle.—Dr. G. O. Switzer, of Pentwater, Michigan, has located here.—Dr. F. S. Cheney married Miss L. G. Day October 3 and Dr. J. D. Andrews Miss A. M. Tilton October 5.--The state board has licensed Drs. R. T. Isbester, Joseph Jaffe, Adolph Meyer, U. A. D. M. Roder, D. N. Spaulding, Samuel Schmalbe, Menno Springer, Bertha Van Hoosen, J. B. Wells, A. J. Broell, A. W. Campbell. James Chosey, W. A. Kimmitt, L. P. Rowlett, A. H. Scofield, C. V. Starke, A. R. Thomas, Anita Tyng, Frederick Von Ackern, Henry Bak, C. W. Day, D. Estaing Dickerson, Effie L. Lobdill, John D. McGregor, W. A. Pusey and W. H. Sibley.

INDIANA.—Dr. E. M. Kissinger, of Patoka, has removed to Bicknell.—Dr. T. L. Guernsey has located at Stockwell.-Dr. L. P. Beckwith, of Jeffersonville, is dead.—Dr. Sutherland, of Crawfordsville, accidentally swallowed what proved to be an atropine tablet of which he was testing the taste. An hallucinatory delirium resulted, albeit the dose was the hypodermic limit.—Dr. I. Johnson, of Dale, died recently.—Dr. L. W. Morrill, of Hammond, has been sued for malpractice.—Dr. J. D. Maxwell, of Bloomington, died October 1.—Dr. W. B. Chatham, of Shelbyville, died October 21, at the age of 72.

IOWA.—Dr. E. H. Ennis, of Deep River, died October 10.—Dr. N. McKittrick has been elected Burlington health officer.—Dr. A. L. Hageboeck, of Davenport, recently married Miss Ida P. Haller.—Dr. Lewellen, of the Clarinda insane-hospital, has resigned, to take effect July 1, 1893.

KANSAS.—"Dr." Mary Cartwright, of Garden City, gave a female patient a patent "anti-amenorrhœa" remedy procured from a traveling quack. It proved to contain corrosive sublimate and killed the patient.

KENTUCKY.—Dr. Fayette Dunlap, of Danville, was called to laparotomize a patient for suspected perforation. The peritoneum was found filled with blood. Careful sponging revealed the presence of a tape-worm in the cavity. Securing the end of the tape-worm, Dr. Dunlap followed it up for several feet through the smaller bowel to an opening through which the worm had made its egress. This opening was about the size of a silver quarter and had ragged edges, as if it had been punctured by some blunt substance. Through this opening the worm was followed for a short distance, and then one of its joints broke, leaving a large portion. A section was made in the bowel and speedily sewed, the abdomen was thoroughly rinsed with water, and the incision closed. The patient speedily recovered from the ether, rallied from the shock, and shows every symptom of an entire recovery.—Dr. A. S. Jackson, of Rockport, died October 6.

LOUISIANA.—Dr. E. C. Allen, of Centerville, died October 3, and Dr. J. H. Mendahl, of New Orleans, October 8.

MAINE.—Dr. Burleigh has located in Calef block, Biddeford.—Dr. V. L. Tibbetts, of North Vassalboro, died recently, and Dr. I. P. Warren, of Porland, October 11.

MARYLAND.—Dr. A. F. McMaster has located at Frostburg.—*Baltimore.*—Dr. Michael J. Buck sued Drs. E. C. Price, H. F. Garey, N. W. Kneas, J. S. Barnard, H. Lindley, and H. Chandler for slander, fixing damages at $25,000. He came to Baltimore nearly three years ago, from Altoona, Penn. He applied for admission to the Maryland Homœopathic Society, and, after a great deal of discussion, was admitted to membership in the fall of 1890. Dr. Buck was expelled from the society July 20, 1891, on charges of criminal malpractice. Dr. Buck charged the defendants, who made the charges, with malice, and instituted suit. He said that his practice had dropped from $3,000 to $1,500 a year on account of their action, but that he wanted vindication more than anything else. The jury gave him $18,000.—Dr. Jas. H. Stewart died October 8.

MASSACHUSETTS.—Dr. J. E. Simpson has been elected Salem city physician.—Dr. W. A. Parker has located at Boland block, North Adams.—Dr. Belle H. Smith succeeds Dr. Frances W. Potter (resigned) as physician to the Sherburne Prison.—*Boston.*—Dr. H. G. Clark died recently.—Dr. W. H.

Lincoln, of Milbury, died October 14.—Dr. W. G. Brown, of Plymouth, recently married Miss S. C. Jacobs.—Dr. W. Edwards, of Lynn, was Croninized by an unknown man.—Dr. C. W. Jackson, of Roxbury, recently married Miss A. De F. Curtis.

MICHIGAN.—Dr. J. Allen, of Negaunee, died October 12 and Mr. W. Vanputten October 14.—The state board of health has entered a suit to determine its quarantine powers.—Dr. C. F. Brown has located at Grand Rapids and Dr. Foster, of Louisburg, at Port Huron.—*Detroit.*—Dr. R. Leuschner recently married Miss C. Ehlers.

MINNESOTA.—Dr. J. W. Shaw has located at Long Lake.—In the oophorectomy malpractice suit against Dr. C. A. Stewart, of Duluth, the judge directed the jury to return a verdict for Dr. Stewart. —*Minneapolis.*—Dr. Coburn, of Grand Meadow, has located here.

MISSOURI.—Dr. J. N. Hathaway, of St. Joseph, has won his fight against the state board of health, the supreme court having decided that the act creating the board was unconstitutional.—*St. Louis.* —The Newland Midwifery College is charged with diploma-selling.

MONTANA.—The state board has licensed Drs. W. M. Safley, Bozeman; J. F. Ingersoll, W. Tunner, H. P. Ustick, H. T. Rossiter, W. Noyes and J. L. Johnson, of Butte; D. N. Reiner, of Park City; L. Southmayd and James Craig, of White Sulphur Springs; H. N. Gregg, Bozeman; C. P. Vaughn, of Lewistown; A. T. Almas, of Big Timber; P. Baxter, of Livingston, and C. Dunbon, of Wickes. Dr. G. W. Phillips, of Butte, died recently.

NEBRASKA.—*Omaha.*—Dr. C. Gee Wo recently married Miss C. Dewitt.

NEW HAMPSHIRE.—Dr. H. W. Rose, of Westerly, R. I., has located at Manchester.

NEW JERSEY.—Dr. Prout has been appointed pathologist to the Morris Plains insane hospital.—The state board of medical examiners elected Dr. Henry G. Wagoner, of Summerville, in place of Dr. Wm. L. Newell, of Millville, who had been president of the board since it was created; Dr. DeBaun, of Passaic, was made treasurer, and Dr. Wm. Perry Watson was re elected secretary.—The physicians and surgeons of Long Branch and its neighborhood have organized an association for self-protection. It is intended to regulate prices for professional services and also to protect the members from bad debts.

NEW MEXICO.—Dr. B. M. Stewart, of Santa Fe, died Oct. 3.

NEW YORK.—Dr. L. B. Palmiter, of Ilion, has moved to Mt. Upton.—Dr. J. H. Horton, of Kelloggsville, has removed to Moravia.—Dr. Allen, of Oswego, died October 14, in his ninety-third year.—Dr. E. P. Setree, of Hauvelton, has removed to Canton.—Dr. H. R. Overton, of Sheepshead Bay, recently married Miss E. L. Ball.—Dr. A. P. Strong, of Laurens, died October 1, at the age of 74.—The Elmira physicians have adopted a new fee bill raising minimum charges fifty per cent.—Dr. W. A. Noble has located at Niagara Falls.—Dr. T. Lathrop, of Buffalo, succeeds Dr. Brewer (deceased) as manager of the Buffalo insane hospital.—*Brooklyn.*—Dr. C. E. Griswold died October 11.—Ambulence Surgeon Dent, of the Brooklyn hospital, is accused of having refused to care for a patient to whom he was summoned, because he saw a whisky bottle on the table in her apartments. The patient died from ascites, fatty heart, nephritis and hepatic cirrhosis, the result of alcoholism.—*New York City.*—The east-side physicians have adopted the following resolutions anent "free dispensary attachments' of drug stores: "In view of the recent mercenary and disgraceful conduct of certain physicians and pharmacists in our section of this city, who degrade and trample on the honor of our profession by maintaining so called 'free dispensaries for the poor' (?), where the poor and ignorant are deluded and swindled, thereby bringing our profession and us into disrepute, we call on all honorable and self-seeking physicians of the district to meet in a conference, and, for the sake of the poor, deluded victims, and for the maintenance of the honor and dignity of our profession, to take measures to eradicate this base charlatanism from our midst." Medical advice is given gratis, but on the medicines prescribed the physician receives a percentage.—Dr. Amelia Wright was called to attend a patient who proved to be a delirium-tremens case. He gave her two hypodermic injections of lead in lieu of a fee. Fortunately the wounds were not serious.—Harriet Jayne, the Bellevue Hospital chronic "dummy chucker," or epilepsy feigner, who has been forty-two years engaged in "dummy-chucking," is now under treatment there for real epilepsy of senile origin.—A female patient sued Dr. Rose S. W. Bryan for libel in stating, in a letter to the patient's brother, that the patient had delusional insanity, and suggesting that she should be placed under treatment. She says that the purpose of this was to induce the members of her family to take proceedings to have her placed in an asylum. She says that the effect of the letter was injurious to her reputation, and she has been held in ridicule and contempt because of its circulation. Dr. Bryan made no defense and the jury found for the plaintiff.—Dr. Amelia Feudler Abrams has been appointed sanitary inspector.—Dr. J. H. Douglas died October 2.—Dr. C. Smith Carter married Miss R. Esterbrook October 5, and Dr. H. Bermingham Miss Clark October 17.

NORTH CAROLINA.—Dr. J. M. Miller, of Hopewell, died recently.

OHIO.—Dr. M. Clark, of Salem, died Oct. 14.—Dr. C. W. Gass, of Lancaster, married Miss V. Blockaller Oct. 7.—"Dr. J. S. Nelson, otherwise "Dr." Kay-Yah-Bay-Gewon, the "great Indian root

physician," of Coalton, has been charged with larceny. A girl says he offered to cure her for $20, or charge nothing. He required her watch as security. He did not cure her, but refused to turn over the watch.—Dr. Coyle, of Galion, died recently. —Dr. A. C. Roll has located at 1027 Erie St., Toledo, and Dr. H. Sager, in the Berger block, Agosta.—Dr. A. J. Hyatt, of Mt. Vernon, has been sued by a woman for malpractice and the woman's husband for loss of his wife's services.—Dr. F. N. Pitcher, of Columbus, married Miss Phillips recently. —Dr. W. J. Jones, of Hendrysburg, died recently. —Dr. C. A. Faber, of the insane hospital, has resigned and located in Toledo.—*Cincinnati.*— "Dr." E. B. Dubois has been fined for advertising abortifacients.—Dr. H. M. Sedgwick died recently.

OKLAHOMA.—Dr. J. W. Overstreet, of Kingfisher, recently married Miss E. Poggenburg.

OREGON.—Dr. Darling, of Portland, sued for a bill as a means of obviating a malpractice suit and won his case.—Dr. J. J. Gray, of Portland, was recently burnt to death.

PENNSYLVANIA.—Dr. H. Z. Jones, of York, died October 11, and Dr. W. A. Sandles, of Braddock, October 6.—Dr. A. McMamara has located at South Gibson.—Dr. F. B. Smith, of Frederick, recently married Miss A. Graham.—Dr. F. A. Koch, of Hanover, died recently.—Dr. T. L. Kane, of Kane, recently married Miss V. Wright.—*Philadelphia.*—Dr. H. L. Sedebotham recently married Miss E. Wilson.—Dr. J. R. Mansfield was sued by an inebriate for alleged alienation of his wife's affections. The jury found for the physician.—Dr. A. T. Zeller has located here.—Dr. G. F. Stubbs recently married Miss J. Heald and Dr. F. B. Gummey Miss H. M. Janney.

RHODE ISLAND.—Dr. H. Q. Brown, of Providence, has been elected physician to the Roger Williams Sunday School.—Dr. Clarke, of Woonsocket, recently married Miss D. Sayers.

SOUTH CAROLINA.—Dr. W. H. Geddings, of Aiken, died recently.—Dr. J. R. Wood, of Summerville, died September 15 at the age of 67.

TEXAS.—Dr. J. S. Saunders, of Waco, died recently.—Dr. M. M. Edmondson, of Dallas, recently married Miss L. B. Alford.—Dr. E. C. Ragsdale has located at Brownwood.—Dr. J. M. Gooch, of Ellenger, has removed to Marble Falls.

TENNESSEE.—Dr. G. T. Gray, of Covington, died September 11.—Dr. M. C. Duncan, of Madisonville, married Miss M. Matlock September 30.—*Nashville.*—Dr. J. C. Ross died October 4.

UTAH.—Dr. W. R. Pike has been re-elected to the superintendency of the Provo insane hospital.

VERMONT.—Dr. H. Brennan has located at W. Rutland.

VIRGINIA.—Dr. H. E. Malloy, of Berkeley, died September 16.—Dr. L. Buckner married Miss K. Blackhem October 5. — Dr. R. P. Walton, of Brambleton, died October 17, at the age of 74.

WEST VIRGINIA.—Dr. Alexander, of Romney, married Miss N. H. Sheets October 1.—Dr. J. H. Houser, of Charleston, died October 22.

WISCONSIN.—Dr. Cronin, of Platteville, died recently at the age of 80.—Dr. O. F. Baker, of New Richmond, recently married Miss C. Z. Bell. —Dr. Clausius has been elected assistant physician to the Oshkosh insane hospital.—Dr. G. H. Perren, of Prairie-du-Chien, recently married Miss L. E. Livingston.

FOREIGN.

GERMANY.—Dr. Frankel, of Weimar, had the temerity to criticise a German army officer publicly last summer because he made his men take long marches in great heat, thus causing one death. Dr. Frankel was fined $35.—Dr. Steinthal Boyen, of Berlin, died October 2, at the age of 94.—A petition, signed by 7,000 women of Prussia, has been presented to the Prussian Legislature recently, Another one, signed by 40,000 German women, has been sent to the Reichstag. Both ask for the medical education of women in the universities. Grimm, the philogist, advocates the admission of women to equal rights with men in the German universities.—The returns of the income tax prove that the lot of the physician in Berlin is not satisfactory. Of the 1,747 physicians in the city, 50 per cent earn less than $750 per year, 250 physicians earn in the neighborhood of $2,000, and only 170 of the craft make above $4,000 per year.

GREAT BRITAIN.—The Royal College of Physicians has passed a resolution to the effect that "this college regards the sale and purchase of practices or the transfer of patients from one physician to another for a pecuniary consideration among fellows or members of its body as contrary to the traditions and practice of the college, interfering with the freedom of patients, and derogatory to the position of a physician."

RUSSIA.—The Society of Physicians of Odessa applied for permission to publish a medical journal "without previous revision by the Censor," but the Minister of the Interior having declined to sanction the publication, the Censor must pass upon the merits of the manuscript before it goes to press. To those who are not initiated in the present policy of Russia, the refusal to print a purely scientific paper without revision by the Censor may appear as an arbitrary act, against all reason and common sense. What has the Censor to do with the medical science? Is it likely that physicians as scientists would, in their professional journal, publish aught against the government or its officials? But suc questions will suggest themselves only to those who know not what is going on in Russia. The famine this year is mowing away people by the thousands and causing the spread of diseases.

The scientist is interested naturally in the study of these subjects. He will try to diagnose the diseases that are caused by hunger, to show the pathological effects of the unhealthy food which is used by the famishing people. All this may, in an indirect manner, convey to the reading public a true knowledge of the state of affairs in Russia, which the government tries to suppress by all means in its power. This is why even medical publications must be submitted to the scrutiny of the Censor before they are issued. The action of the Russian Minister of the Interior fully agrees with the policy of the Czar, and wisely prevents the secrets of state, the secrets of the suffering of the Russian people, from being divulged.

BOOK NOTICES.

AMERICAN SYSTEM OF SURGERY.*—As will be seen by the list of contributors, the present volume represents the cream of American surgery. The work is divided into four books. Book I discusses inflammation, traumatic fevers, ulceration, septicæmia, pyæmia, suppuration, abscess, gangrene and various surgical diseases as well as tumors. Book II deals with surgery of the vascular system, of the bones, of the nerves, of the joints, orthopraxy and dermatoses. Book III deals with cerebral and spinal surgery, surgery of the male and female, genito-urinary tract, eye, ear, neck, gastro-intestinal canal and abdomen. In Book IV operative surgery is discussed in its varied relations. The work is beautifully illustrated, excellently printed and copiously indexed. Its purchase will be a remunerative procedure for the physician.

THE ALIENIST AND NEUROLOGIST† for October (1892) contains: "Clinical Study on Double Athetosis," by Dr. Dimitri Ivan Michailowski, Russia; "Sentiment," by Prof. Augusto Tebaldi, Padua, Italy; "Passivism—A Variety of Sexual Perversion," by Dimitry Stefanowski, Jaroslawl, Russia; "The Pathological State of Berkman, the Assailant of H. C. Frick," by Theodore Diller, M. D., Pittsburg, Pa.; "Experts and Expert Testimony," by Harold N. Moyer, M. D., Chicago, Ill.; "A Case of Simulated Insanity," by Prof. Arrigo Tamassia, Italy; "Art in the Insane," by Jas. G. Kiernan, M. D., Chicago, Ill.; "A Case of Cerebral Syphilis," by Frank G. Hoyt, M. D., St. Joseph, Mo.; "Torquato Tasso," by Dr. W. W. Ireland, Scotland. Besides the usual Selections, Editorials, Hospital Notes, Reviews. Etc.

LUFF'S MANUAL OF CHEMISTRY *—In order to characterize this new manual of chemistry, we cannot do better than to quote the author's words in the preface. "This book," we are informed, "is intended as a guide to the study of chemical science for the use of students of medicine. Now that chemistry, and especially organic chemistry, has become so vast a science, the student of medicine is, on the one hand, apt to find himself out of his depth by attempting the perusal of larger hand-books on the subject; and, on the other hand, with many of the smaller works, excellent in their way, he is hampered by omission of matter essential to the successful after-study and practice of medicine. This book has therefore been written to bring together in a concise form those portions of chemical science that directly or indirectly bear on the study and practice of medicine." It is certain that no one but a physician and a teacher can judge correctly the wants of the student of medicine, and thus the author, who is not only a practitioner but a noted lecturer on chemistry and medical jurisprudence in the Medical School and University of London, was eminently qualified for the task chosen. He has produced a good work according to the standard set, but although it was written for the use of medical students, it will prove of equal value for students of pharmacy and advanced pharmacists who wish to have the science of chemistry of the day presented in condensed form and yet complete.

KEATING'S DICTIONARY† is an excellent exhaustive addition to the literature of medical terminology. The work merits a place in every medical library.

SOLIS-COHEN'S DIAGNOSIS‡ is too much permeated by the common error of contrasting typical in lieu of atypical cases. The book as a quiz compend may be a success, but as a guide to the study of medicine its value is problematical.

*An American Text-Book of Surgery for Practitioners and Students. By C. H. Burnett, M. D., P. S. Conner, M. D., F. S. Dennis, M. D., W. W. Keen, M. D., C. B. Nancrede, M. D., R. Park, M. D., L. S. Pilcher, M. D., N. Senn, M. D., F. J. Shepherd, M. D., L. A. Stimson, M. D., W. Thomson, M. D., J. C. Warren, M. D., and J. W. White, M. D. Edited by W. W. Keen, M. D., LL. D., and J. W. White, M. D., Ph. D. Extra Royal 8vo., pp. 1,209. Profusely Illustrated. Philadelphia: W. B. Saunders. 913 Walnut Street. 1892.

†C. H. Hughes, M. D., Editor, 500 N. Jefferson ave. St. Louis. Subscription: $5.00 per annum; single copies, $1.50.

* A Manual of Chemistry, Inorganic and Organic, with an Introduction to the Study of Chemistry. By Arthur P. Luff, M. D., B. Sc. (Lond). Illustrated with 36 engravings. Philadelphia: Lea Brothers & Co. 1892.

†A New Pronouncing Dictionary of Medicine. Being a voluminous and exhaustive handbook of Medical and Scientific Terminology, with Phonetic Pronunciation, Accentuation, Etymology, etc. By John M. Keating, M. D., LL. D., Fellow of the College of Physicians of Philadelphia; Vice-President of the American Pediatric Society; ex-President of the Association of Life Insurance Medical Directors; formerly Visiting Obstetrician to the Philadelphia Hospital (Blockley), and Lecturer on the Diseases of Women, St. Agnes Hospital, Philadelphia; Editor Cyclopedia of the Diseases of Children, etc., and Henry Hamilton, author of A New Translation of Virgil's Ænied into English Rhyme. co-author of Saunders' Medical Lexicon, etc. With collaboration of J. J. Chalmers DaCosta, M. D., and Frederick A. Packard, M. D. With an Appendix containing Important Tables of Bacilli, Micrococci, Leucomaines, Ptomaines; Drugs and Materials Used in Antiseptic Surgery; Poisons and their Antidotes, Weights and Measures; Thermometric Scales; New Officinal and Unofficinal Drugs, etc. Philadelphia: W. B. Saunders, publisher. 1892. Cloth, $5.00.

‡Essentials of Diagnosis arranged in the form of Questions and Answers. By Solomon Solis-Cohen, M. D., and Augustus A. Eshner, M. D., Philadelphia: W. B. Saunders. 1892.

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PURPURA HÆMORRHAGICA IN TYPHOID FEVER.

BY W. P. VERITY, M. D., CHICAGO,

FELLOW OF THE CHICAGO ACADEMY OF MEDICINE; INSTRUCTOR IN ORTHOPRAXY, CHICAGO POST-GRADUATE SCHOOL.

An erythema of a decided character sometimes appears in typhoid fever and such an erythema in the lowered state of the system may readily pass into the dermal symptoms of purpura hæmorrhagica or its allied state, scurvy. Of course, as J. C. Wilson* has stated, such hæmorrhages into the skin, true petecchiæ vibices, and the like occur in hæmophiliacs or those who become so during the fever. They occur, though rarely, in others. Eichhorst† states that the symptoms of purpura hæmorrhagica sometimes appear during convalescence from severe infectious disease, particularly typhoid and intermittent fevers. Aside from the given symptoms, the diagnosis between scorbutus and purpura hæmorrhagica is not always easy.

Berthenson‡ has reported twenty-one cases in which scurvy developed in the course during (in the majority of cases) convalescence. The intensity of the typhoid poisoning did not seem to bear any relation to the onset of the scurvy. In three cases typhoid fever and scurvy were coincident in development. In one case typhoid fever followed scurvy. The prognosis in these cases was grave. Squire§ found that in malaria with typhoid symptoms, as seen at Suakim, purpuric blotches were common.

A case which recently came under my observation tended to emphasize the statement of Eichhorst. This case is as follows:

Case I. The patient was a decidedly blonde, plump, well-nourished woman, 21 years of age. She was not hysterical, nor were there any evidences of hereditary taint. The "bleeder" diathesis could be excluded. There had been no menstrual anomalies. The patient was of the lymphatic temperament.

She was attacked by typhoid fever, which lasted two weeks ere any eruption appeared. This eruption was sub-dermal. The patches of eruption varied in size from a birdshot to a buckshot, and were purplish in hue. They were located chiefly in the extremities. There were about two dozen patches on the ankles and wrists.

The patient had a ring on the left ring finger. This finger became markedly discolored on the second phalanx. This was the only finger discolored. The ring did not produce swelling.

The temperature, which had threatened to range very high, and had been kept down to 103° by frequent free cool sponging, fell to 101°. The gums swelled and bled freely about two days before death. Blood passed by stools at the same time had evidently been swallowed.

The day before the eruption appeared there were decided medullary symptoms, dyspnœa, etc.

The stools during the first week were characteristically typhoid and frequent. During the last week the stools were blackish and infrequent. The urine was normal. Pulse averaged 120 during the disease. When the medullary collapse symptoms occurred, aromatic spirits ammonia caused slight improvement. Other than mental depression, toward the last, the patient's mental state was normal. There was no delirium at any time.

Purpura, as Strumpell* points out, may be an expression of any disorder producing constitutional weakness.

Cerebro-spinal fever, as in a case reported three decades ago by Allen,† of Philadelphia, has produced it.

Lyman‡ finds that purpura hæmorrhagica may occur during convalescence from infective diseases like typhoid fever, malarial fever, lues and tuberculosis.

Strumpell points out that the constitutional symptoms of morbus maculosis werlhofii may be distinctly "typhoidal."

*"Continued Fevers."
†Diseases of the Blood.
‡Deutsch. Arch. f. klin. Med. XLIX.
§Sajous' Annual. 1888.

*Practice.
†Amer. Jour. Med. Sc. 1860.
‡Practice.

Lyman points out that it may be ushered in with loss of appetite, general prostration, disturbances of the alimentary canal and a slight fever. These symptoms are soon followed by the appearance of hæmorrhagic spots upon the lower extremities extending to the body and upper extremities but sparing the face.

Vierordt** points out that these hæmorrhages may occur in severe acute infectious diseases and in all severe cachexiæ. He states that as a condition limited to the skin they may occur in peliosis rheumatica, in typhus fever, often in measles and scarlatina, moreover on the legs when the convalescent patient stands up, especially in typhoid fever.

The suspicion may arise that my patient was a victim of morbus maculosis Werlhofii and not of typhoid fever. There are certainly striking features in this case frequently found in the former disorder. The patient was a female. Werlhof's disease is most common in females. The eruption was located in the place in which similar eruptions are found in Werlhof's disease. On the other hand, the gums were affected, while they rarely are in Werlhof's disease. The patient was well nourished and not cachectic, as all the reported cases of Werlhof's diseases have been. The temperature was high and the typhoid symptoms were well marked. The cachectic state was a result of the fever and not its cause.

CHOREA AND RHEUMATISM—Dr. M. J. Lewis ("Amer. Jour. Med. Sc.") concludes that the seasonal relationship of chorea and rheumatism is proven. There is a marked resemblance in form between the chorea and rheumatism tracings and the tracing representing the total amount of sickness present in the community per month. This monthly variation in amount of sickness is not a cause of the fluctuation in the chorea and rheumatism tracings, but is itself probably due to the same influence. While over-study assuredly plays an important part in predisposing children to chorea, the months of greatest study, and, herefore, presumably of the greatest depression of bodily vigor, do not coincide with, or even precede with any regularity, the months of greatest frequency of this disease.

RUMINATION, according to Dr. Fry ("Medica Fortnightly"), is not uncommon as a symptom of neurasthenia; it is o two classes, motor and sensory. In the first there is pain and inability to retain food for days, contrasting with the second class, in which pain was absent and motor symptoms obtained. He commended gentle, systematic treatment, regular habits and general faradization (valuable as a tonic) in increasing strength. He had found cocaine of value in stomach complications of neurasthenia and pregnancy when morphine and chloroform were effective only in heroic doses.

URACHUS PERSISTENCE.—Dr. Ely cites a case in which ("Weekly Med. Rev.") a bladder was removed from a man who had presented no bladder symptoms during life. On autopsy, in cutting through the abdominal wall, the knife cut through the fundus of the bladder, which was found to extend up to within one inch of the umbilicus. The bladder was long and slender, and its walls were of normal thickness, and not at all diseased. This malformation was due to a persistence of the urachus. This malformation is extremely rare. Luschka described a persistence of the epithelial structure of the urachus, and cysts of the persistent urachus sometimes occur, but he could find no case on record in which the bladder extended upward in this peculiar manner.

AN OLD CHOLERA CURE ("Weekly Med. Rev."), formerly known as Dr. Beer's Cholera Drops, is a polypharmaceutical curiosity:

℞	Extract. nuc. vomic. spir....	0.63
	Tinct. opii simpl.....	3.75
	Gutt. lorenzi.....	7.50
	Tinct. cinnam.....	
	Tinct. cascarill.....	
	Tinct. colombo.....	
	Tinct. ratan.....aa.	15.00
	Tinct. zingib.....	7.50
	Tinct. aromat.....11.00	
	Tinct. capsici ann.....	3.75
	Ol. calami.....	
	Ol. menth. pip. ana gutt. x..	

M. S.—A teaspoonful in peppermint every ten or fifteen minutes.

EXOPHTHALMIC GOITRE. — According to the "Weekly Medical Review," Muchold reports a case of Grave's disease in which he removed the posterior half of one of the inferior turbinate bones with the galvano cautery, with immediate improvement in all the symptoms except the goitre, which was, however, readily reduced by a mild galvanic current. He suggests the posibility of the disease being sometimes due to some reflex disturbance.

**Medica Dia nosis.

PROPHYLAXIS OF SURGICAL SHOCK.*

BY J. H. PACKARD, M. D., PHILADELPHIA.

Before the introduction of anæsthetics the endurance of an operation was in itself a cause of shock, just as an injury still is. This was partly prevented by benumbing the patient with laudanum or whiskey. At present, of course, pain is set aside almost invariably by ether or chloroform. But, as was most pertinently suggested by Dr. Cheever, of Boston, we have not only not done away with shock from surgical operations; perhaps in some ways we have made it more likely to occur. Rapidity of operation, formerly of prime importance, is now regarded as needless, and patients are kept a long time in the state of narcosis. Free flushing of the wound, either with boiled water or with antiseptic solutions, is very generally and too often recklessly employed; the patient is apt to become drenched, and to be very seriously chilled in consequence. Being unconscious, he makes no complaint of exposure to cold, or of the discomfort of wet clothes or skin. Any surgeon will attest the truth of these statements.

A patient who has met with an injury requiring operation is placed upon the table and anæsthetized; after a time he becomes pale and manifests all the symptoms of profound shock; he vomits the contents of a full stomach, and the whole system is at once relieved. Of course, this can always be avoided when the operation is not one of emergency, which must be done at once without regard to the antecedent conditions.

When an operation can be foreseen and prepared for, the best safeguard against shock is the administration of a quarter of a grain of morphine hypodermatically half an hour or an hour before the time. Stimulants in moderation, and well diluted to promote absorption, may also be given; however, I cannot wholly indorse Dr. Stephen Smith's proposition to give an ounce or two of whisky in hot milk every two hours, for eight or ten hours, so as to produce a state of semi-intoxication. Our rule at the Pennsylvania Hospital is to give only liquid food on the day of operation, and but a small allowance of that.

Here comes in the consideration of constitution and temperament. The feeble and timid need decided and vigorous stimulation physically and encouragement mentally. Stolid, calm, unimaginative persons are apt to have less shock, and hence require less in the way of precaution, than the nervous, irritable, and sensitive. The patient should be well wrapped up, and during the entire time of the operation all needless exposure of surface sedulously avoided. By proper arrangement of sterilized mackintosh the wetting of the clothing and of the skin, except at the part operated upon, can be prevented. No needless delay should occur, either in lecturing or demonstrating the steps of the procedure, or in producing instruments overlooked beforehand.

The administration of the anæsthetic in any but very brief operations should be intrusted only to an experienced person, and should be carefully watched, only enough ether being given to maintain a sufficient degree of unconsciousness. The operation should be performed as quickly as possible with due regard to thoroughness of detail. Flushing of the wound should be done with hot water only—water hot enough to make the exposed tissues slightly gray or pearly in color, or at least as hot as one can well bear the hand in. As soon as the operation is concluded and the vessels secured, closure of the wound should be effected, and the dressings, prepared in advance, should be applied.

It may be well now to consider the question of operation in cases of shock. Suppose the case of a limb hopelessly crushed, what is the proper period for interference? It may be remembered that some of the British military and naval surgeons were wont to recommend "letting the knife follow the shot," with the idea that the pain of the amputation would act as a stimulus.

This was before the humanitarian period of surgery, and sprang partly from the then prevalent idea that there was something peculiar in the effects of gunshot wounds upon the human system. All of us have seen instances in which amputations were performed upon patients severely shocked from accidental injuries, yet with a successful result. But I have repeatedly seen such operations end badly, reaction seeming to be checked, and all the symptoms aggravated from the beginning of etherization.

Many years ago I became satisfied that the effect of the inhalation of ether affords a tolerably fair test of the propriety of operation. A

*N. Y. State Medical Society Trans. Cond.

few whiffs of it may be given, the pulse being carefully watched; if this gains in force and volume, and becomes slower, the other symptoms will probably decline also, and the administration can be continued until the patient is ready for operation. If the pulse flags or becomes irregular the ether should at once be withdrawn.

TRITICUM REPENS IN TRAUMATIC HÆMATURIA.—Dr. A. W. Sawyer, of Gorin, Mo. ("Diet. Gaz."), reports the case of a twenty-four-year-old man who fell between two cars, the inter-renal region so striking on a rail as to produce syncope. Recovering from the shock, he resumed work next day, to be wet by a heavy rain shower; was seized by chills, which he regarded as malarial, and for which large doses of quinine were taken. The following day he walked seven miles in a cold rain, arriving home thoroughly saturated, and was almost immediately attacked with severe and protracted chills. The next morning the temperature was 106°, patient delirious and suffering greatly. Dr. J. L. Davis, of Granger, Mo., called in consultation, was of opinion that the patient had typhoid fever, and advised large doses of quinine to reduce temperature, and other measures generally used in the outset of typhoid. Not satisfied that the diagnosis was correct, Dr. Sawyer did not give the quinine, but administered every hour small doses tincture of aconite, which in a short time brought temperature down to 100°, but upon discontinuing the aconite the temperature rapidly rose to 106°, accompanied with dyspnœa and delirium, Aconite in larger doses had the effect of rapidly reducing the fever, and the patient returned to consciousness. His first act after regaining consciousness was to evacuate the bladder with much pain and difficulty, the urine containing large quantities of blood and mucus. This, accompanied with the knowledge of the injury now given, made it plain that traumatic hæmaturia, complicated with acute cystitis, existed. The patient was placed in the recumbent position in bed, and under the judicious use of alkaline drinks—benzoic acid, sodium biborate, infusion of buchu and uva ursa—he continued to grow worse until he became reduced to skin and bones, passing large quantities of bloody urine frequently when not not under ergot. The temperature ranged from 102° in the morning to 105° in the evening during the first four days. At this stage Dr. Sawyer prescribed tritica, discontinuing all other remedies, except dietetic and other auxiliaries. Recovery began at once, and progressed rapidly. On the sixth day after beginning tritica all traces of renal hæmorrhage had disappeared, the urine became normal, strength and flesh accumulated rapidly; in short, the patient mended so fast that in three weeks he had gained in weight fifteen pounds, and has been in robust health since. Skillful use of tritica, benzoic acid, sodium biborate, and an enforcement of dietetic rules, recumbent position, opiates only when strongly indicated, will make short work of acute cystitis not complicated with lesions, rendering rapid recovery impossible. Mild attacks treated with tritica alone end favorably in two or three days.

SALOL IN SOLUTION.—Salol has ("Amer. Lancet") been obtained in solution as a pleasant, palatable liquid. Elixir of salol, as described, is a solution, by mechanical means only, of 5 grains of salol in each dessertspoonful, making a palatable liquid, the advantages of which can be clearly seen in the fact that it renders administration of salol very easy, especially to those who cannot take powders or pills. When the elixir is administered the saliva, or the water that it may be mixed with, produces a permanent emulsion, which insures a much speedier therapeutic effect on account of its fine state of division, which cannot be obtained by triturating the powder. Salol is frequently prescribed in combination with phenacetin and acetanilid, both considered insoluble, but both are soluble in the elixir. The result is that salol and phenacetin or acetanilid, or all three, can be obtained in solution together. The solubility of phenacetin is two grains to the fluid dram, and of acetanilid two and one-half grains to the fluid dram, indicating that each dessertspoonful of the elixir (or five grains of salol) may be combined with four grains of phenacetin or five grains acetanilid by simply adding the powder to the elixir of salol and agitating for a short time, when a perfect solution will be obtained.

ACCORDING to the "Atlanta Medical and Surgical Journal," a Chicago lecturer on children's diseases has announced that he will be appointed professor of pæderasty. Strange to say, he *isn't* an editor of the "Chicago Clinical Review."

DUBOISINE SULPHATE has been found of value in insomnia, given in 2-milligram doses once nightly.

MUNA MUNA is a new vegetable uterine alterative tonic.

CARICA PAPAYA IN DYSPEPTIC STATES.

BY. A. J. PARK, M. D., CHICAGO.

Dr. Woodbury* has given an extended analysis of the physiological action of carica papaya. To his results certain cases recently coming under my observation lend clinical corroboration. It has been of especial value in all states where the digestive functions are feeble, inoperative, and seriously impaired from catarrhal complications, or from any other cause, since it is most emphatically indicated when the digestive fluids are uneaqual to the task of converting the ingesta to a condition preparatory to assimilation.

Case I. Young lady, æt 19. Symptoms: The patient was pale, languid, and debilitated; loss of appetite; pulse feeble, compressible, and small in volume; troubled with insomnia, and extremely nervous. The food that she took was not digested—it was simply decomposed, attended by persistent and annoying eructations of gas, acid in character; she complained of a great pain in her head, distress after meals, constipation, and irregular menses. I prescribed the following:

℞ Mass. hydrarg .....gr. xii
Ex. colocynth. co.....gr. vi
Ex. belladon.....gr. iii
Ex. hyoscyamus .....gr. xii
Podophyllin.....gr. ii

M. ft. et div. in pil. No. xii. S.: One at bed time.

Having relieved the constipation, I prescribed papoid, bismuth and strychnine as follows:

℞ Papoid.....gr. xv
Bismuth sub. nit ..... " xxx
Strychnin..... " $\frac{1}{15}$

M. Div. in ch. No. x. S.: Take one powder before breakfast and one before dinner. The first powder to be preceded by a coffeecupful of hot water, taken as hot as it can be borne.

This case represents a very numerous class, which are exceedingly common, instantly recognized, and are successfully treated when papoid is the remedial agent used. In one week this patient reported herself immensely relieved. She said that after the second day the eructations ceased, the acid condition was changed, the distress in her stomach was relieved, the sensation of fullness in her throat disappeared, her appetite improved, the insomnia gave way to restful sleep, and, to use her own forcible phrase, she "had escaped from the horrors of dyspepsia and the intensified horrors of insomnia."

Case II. A gentleman of 35—a remarkably active, clear, intellectual man of tireless energy, and a great sufferer from nasal catarrh, which he had had for fifteen years; it had utterly destroyed the sense of smell; the olfactory had ceased to respond to any appeal, and the catarrha condition had extended to the stomach and duodenum. He complained of complete loss of appetite, pain in his head, with a furred tongue, constipation, sleepless nights, aversion to exercise, owing to his physical prostration, and a general feeling of fatigue. He had considerable palpitation of the heart, and was deeply imbued with a perpetual apprehension of the recent discovery of heart failure, from which he expected to die at any moment. Having allayed his fears of heart failure, and convinced him that his palpitation was directly attributable to indigestion, I ordered him to take a coffeecupful of water as hot as he could sip it, half an hour before breakfast, and then take one pill ten minutes before.

℞ Papoid..... 3 i
Podophyllin .....gr. ii
Hydrastin.....gr. ii
Ex. hyoscyamus..... ʒ i

M. ft. et div. in pil. No. xx. S.: Take one pill before each meal.

In addition, I prescribed hydrastin and eucalyptus an hour after each meal, and a laxative at bedtime. The hot water was continued for ten days; then I abandoned it, and placed him upon—

℞ Papoid.....gr. xxiv
Sod. bi-carb..... ʒ ss
Bismuth sub. nit..... ʒ ss
Elix. aromat.....f ℥ i
Aq. menth. p. q. s. ad....f ℥ ii

M. S.: Shake the bottle and give a teaspoonful before each meal.

The catarrhal condition of his stomach, nasal passages and upper bowels proved a most formidable obstacle, and sustained a very obstinate set of symptoms to combat.

He had devoted several weeks, under the professional care of an excellent specialist in laryngology, to the treatment of his catarrh—spraying and insufflation, etc.—which only afforded him temporary relief in this humid atmosphere and changing temperature. I ordered him to continue this course of treatment for six weeks, which he did, during my absence from the city. Upon my return he presented himself at my office, and reported such a radical change in his symptoms towards complete restoration of his health—which his appearance fully sustained and vindicated—that the same line of medication was adhered to for a short time longer, and, within two months from the commencement of his case, he was discharged cured.

It must be remembered that he had been treated by several excellent physicians, who had in every way met every indication and symptom that presented in his case with a host of remedies—scientifically and intelligently prescribed—aided by a long list of dietary articles of the very best quality — peptinoids, pepsin, pancreatin

*MEDIC AL STANDARD, Vol. XII.

beef extracts, maltine, with its numerous and valuable additions. He had tried the grape cure, the skimmed-milk delusion, and various other good remedies for certain conditions. Within a week from commencing the administration of that wonderful remedy his symptoms changed. His headache left him; the great distress in his stomach, which tortured him for hours after meals, ceased; his tongue became perfectly clean, bowels regular, appetite excellent, complexion clear, spirits revived, and a general appearance of returning health and rejoicing.

The ruling remedy in this case was the papoid; he having been carefully and scientifically treated for months upon the old plan of remedial agents that I have named without any perceptible relief, and changing directly to a new course of treatment, in which papoid was the chief factor, there is but one logical conclusion to arrive at as to the remedy that wrought the change.

Case III. This patient, who had complained for several years of catarrh of the bladder, following an aggravated attack of cystitis, applied to me for advice and treatment for his urinary difficulties, which he stated were constant, painful, annoying, and aggravating to the last degree of endurance.

He had traveled extensively in Europe, spent several seasons at Weis-Baden, and had tried the waters at several health resorts in Germany, returning home without much improvement except of a transient character.

As the patient was over 70 years old, and greatly broken in health, I was not at all sanguine of affording him much relief, and not anxious to undertake the case, which I fully explained to him. That his age and the many years of his physical martyrdom were decidedly against his recovery, all of which he at once conceded, and stated that he only expected and only sought temporary relief. His array of symptoms were truly formidable. He was suffering from dyspepsia, with a full train of attendant manifestations; was in constant dread of heart failure, pain in epigastric regions after taking the slightest nourishment, and complained of acrid eructations and throwing off gas from the stomach; was much troubled with palpitation of the heart, with an intermittent pulse—with a feeling of a general surrender to the persistent invasion of diseases.

His vesical catarrh was a prominent feature in the multiplicity of his murmurings, and his chamber more than established the fidelity of his painful recitals.

I prescribed the following treatment for him, to relieve his costive habit and to arouse his inactive and torpid liver and secretions. I ordered:

℞ Mass. hydrarg.....gr. xxiv
Ex. colocynth, co.....gr. xii
Podophyllin.....gr. iv
Leptandrin.....gr. vi
Ex. hyoscyamus.....gr. xxiv
Ex. belladonna.....gr. vi
Ex. nux vomica.....gr. vi

M. ft. et div. in pil. No. xxiv. S.: Take one pill at bedtime.

After five days I commenced the following plan: I washed his bladder out three times a week; first with equal parts of milk and water, pretty warm, then with boric acid, and lastly with hydrastin and papoid.

I gave him papoid in combination with soda bicarb. and bismuth, and ordered him to take six ounces of water as hot as he could every morning, with ten grains of sodium chloride, and to take the papoid mixture in the middle of his meals; and once a week he was subjected to vigorous massage by a strong and healthy operator.

I regulated his diet to conform to the indications of treatment. In six weeks he had gained five pounds in weight; the mucus that formerly threatened supremacy in his chamber had almost disappeared. His indigestion was immensely improved, his appetite had returned, and, to use his own words, "That papoid is surely the long-sought rejuvenating elixir of youth." I gave papoid the credit, because he had traveled the old line of treatment through many years of patient, preserving and unfailing faith, suffering the pains and penalties attending misdirected effort and stubborn adherence to remedies which have survived scientific application. When the secretions of the stomach are in perfect accord with those remedies the results are quite satisfactory, but administration of pancreatin, pepsin and pepsin mixtures indis criminately, without regard to the condition of the stomach, is a blind and empirical method of meeting the abnormal condition presented.

PICROTOXIN AS AN ANTIHYDROTIC.—A study of the action of the glucoside picrotoxin upon the profuse perspiration of consumptives has shown to De Amore ("Satellite") that, in doses of $\frac{1}{120}$ grain, its action is comparable to that of atropine. Although in ten cases the effect on a not very profuse perspiration was alike favorable with both remedies, in twenty other cases picrotoxin produced permanent results where atropine failed after a few days, while in fifteen cases picrotoxin prevented the occurrence of profuse perspiration where atropine produced no result. Amore seeks the cause of these differences in the different physiological action of these remedies. As picrotoxin is known to contract the lumen of vessels by action upon the medulla oblongata, it is probable that the decrease of secretion is due to a reflex paralysis of the vaso-motor nerves, whereas atropine can only affect the perspiration by exerting a compensating influence on the secretory nerves in an excited state.

SARSAPONIN, according to Kobert ("Deut. Med. Woch."), is the probably active glucoside of sarsaparilla.

LAPAROTOMY IN OVARIAN PREGNANCY.

BY EMORY LANPHEAR, M. D., PH. D., KANSAS CITY, MO.

SURGEON TO ALL SAINTS HOSPITAL, ETC.

Many a woman has gone to the grave with a diagnosis of "pelvic hæmatocele," "peritonitis," "pelvic cellulitis," etc., when the real cause of death was extra-uterine pregnancy. Fortunately, we are rapidly coming to the conclusion that (1) extra-uterine pregnancy is quite frequent; (2) that it may be recognized in many cases; (3) that in modern surgical methods we have a comparatively safe cure. As for the question of "pelvic hæmatocele," from an observation of a number of cases, I am almost convinced that in nearly every instance the trouble is ruptured tubal pregnancy.

It is now pretty generally conceded that all fecundation takes place either in the tubes or on the surface of the ovary, and the wonder has been that ectopic gestation is as rare as generally believed. I do not think it is very rare—in fact, it is of quite common occurrence; but, because of unfavorable environments, early death and absorption of the product of conception occur in a large proportion of cases.

Lawson Tait has claimed that all extra-uterine pregnancy is tubal; in opposition to this, Franklin Townsend, of Albany, before the American Association of Obstetricians and Gynæcologists, 1888, presented an elaborate essay (which met general approval), in which the assertion is made that "extra-uterine fœtation can and does occur either in the Fallopian tube (a frequent form), in the ovary, upon the ovary, or in the peritoneal cavity." That true ovarian pregnancy does take place is proven by the following case:

Case.—Mrs. John W., aged 42 years, patient of Dr. T. Brown, of Hamilton, Mo,; two children—one 18 years and one 14 years of age; pregnant four years ago, but miscarried at four months; never well since; menstruating too freely and suffering from retroversion. Last menstruation occurred last May, 1892; some symptoms of pregnancy. August 2 was taken with hæmorrhage from uterus, accompanied by excruciating pains in the left ovarian region; the bleeding stopped, but pain continued, with great collapse, and the abdomen became distended to its limit. Temperature has ranged from 99½ to 102. In the night of August 15 I first saw her and examined her under chloroform. The whole pelvis was filled with a boggy mass, the lower part of abdomen very full, and a lump the size of a large orange easily made out in the left ovarian region. I therefore felt convinced of the accuracy of Dr. Brown's diagnosis of rupture tubal pregnancy, and advised operation. On the morning of August 16, assisted by Drs. T. Brown and W. T. Lindley, I made abdominal section, and removed about one and a half gallons of fluid and of clotted blood; the left ovary was found to be the seat of pregnancy, its tube being whole and unaffected save that the fimbriated extremities was bound down to the broad ligament by inflammatory action; to the ovary the placental attachment was plainly madé out, and in its ruptured envelop the dead fœtus. A clamp was applied, and the broad ligament transfixed and tied with catgut, the tube, remnants of ovary and the baby cut away. The abdomen was then thoroughly irrigated with boiled hot water to the amount of about eight gallons, and the abdomen closed with catgut sutures, with out drainage, with the usual dressings. Six hours later the temperature had dropped two degrees and the patient was free from pain for the first time in many days; but little shock. August 20, she was reported as free from pain, sleeping well and appetite returning; temperature normal and pulse 80. Recovery was uneventful, she being allowed to sit up in bed on the tenth day and to walk a little by the sixteenth. Examination of the specimen showed conclusively that this was a true ovarian pregnancy, the tube being as perfect as any I have ever seen, save at its extremity, as already mentioned.

The treatment usually advised for extra-uterine pregnancy is electricity, if a diagnosis have been made prior to rupture of the enveloping structures, the idea being to destroy the vitality of the impregnated ovum and allow its absorption. This I do not believe to be good treatment, for whenever pregnancy is sufficiently advanced to allow even a provisional diagnosis, the mass is already so large that it can only remain, and, remaining, be a constant menace to the life of the patient; for no woman with such a foreign body in the pelvis can be for one moment free from danger. Fatal inflammation is likely to be set up at any time, even years afterwards. And if a wrong diagnosis has been made, incalculable mischief may be done by the electric current; whereas, as Wathen says: "We find nothing against the knife, except that it is a surgical operation. No case of death has ever been reported as due to the knife. If a mistake in diagnosis has been made, no harm has been done, as the disease, whatever it is, will require the knife anyway." And, I may add, if the condition happens to be such that nothing has to be removed, exploratory lapar-

omy is an almost absolutely safe operation in clean and skilled hands; I have opened many bellies for exploration, and have never seen a symptom follow to cause regret. So I will say that whenever ectopic pregnancy is suspected, laparotomy is indicated, and urgently.

All authorities unite in advising abdominal section whenever rupture has occurred. That the operation may be done even a week or two after the accident is proven by the case here reported. But as a rule it may be said, the earlier the surgical interference the better.

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TROPACOCAINE is a new alkaloid found ("Satellite") by Giesel in the leaves of "a small-leaved coca-plant" of Java. Liebermann has proved that the substance was benzoyl-pseudo-tropeïn. He succeeded in separating the pseudo-tropeïn, and then from it made benzoyl-pseudo-tropeïn synthetically. It is chemically identical with the pseudo-tropeïn from Hyoscyamus niger; and it therefore belongs to the atropine series (tropeïn group of Landenburg). From the presence of benzoyl-pseudo-tropeïn in a species of coca-plant, it might be expected to resemble cocaine in physiological action; but, on the other hand, its chemical constitution points to a physiological action not unlike that of atrophine. Experiment has shown that benzoyl-pseudo tropeïn is a powerful local anæsthetic, resembling, but not identical in local action with cocaine. In the eye it causes neither the anæmia characteristic of the true anæsthetics (cocaine), nor the marked irritation and hyperæmia of the group of substances called by Liebreich anæsthetica dolorosa, but is physiologically a connecting-link between the two classes. The synthetical hydrochlorate of the base, if dissolved in physiological salt solution, seldom causes even temporary smarting or hyperæmia; but the preparation made directly from the leaves is more irritating, probably because of slight impurities. The alkaloid is almost insoluble in water, and the synthetical hydrochlorate of benzoyl-pseudo-tropeïn, or tropacocaine, as it is called for convenience, has been used in all experiments. The most important differences between the action of tropacocaine and cocaine on animals are probably the following: Tropacocaine is less than one-half as toxic as cocaine. The depressing action, both on the cardiac motor ganglia and the heart-muscle, especially the latter, is much greater with cocaine. Local anæsthesia, both of the eye and skin, is much more quickly complete with tropacocaine, and is possibly of longer duration. Slight hyperæmia is occasionally present, but quickly disappears, while, with cocaine, only anæmia is seen. Mydriasis is usually absent, but always seems to be less than after cocaine. Solutions of tropacocaine are moderately antiseptic, and retain their strength for a least two or three months. Cocaine solutions often begin to lose their activity when but four days old.

GRATTAGE is thus employed by Dr. J. E. Weeks ("International Medical Magazine"). The patient is anæsthetized. If the palpebral fissure is shortened by cicatricial contraction, a free canthotomy is made, the margin of the lid is now seized by the forceps, and the lid is forcibly everted. This exposes and puts on the stretch the whole conjunctival surface. The trachomatous tissue is then scarified to about two-thirds of its depth, the incisions running parallel to the margin of the lid. The surface is then rubbed over with the back of a scalpel, or the conjunctiva is manipulated with the trachoma forceps for the removal of movable trachomatous tissue. After this the conjunctiva is manipulated quite vigorously with an ordinary tooth-brush which carries a solution of murcury bichloride, 1 : 500. After thoroughly introducing the bichloride by means of the brush, the canthotomy is converted into a canthoplasty if permanent enlargement of the palpebral fissure is desired. The surface of the conjunctiva is cleansed and a compress bandage applied; this is better than cold or any sort of medicinal app.cations. Severe as the operation may appear, the reaction is usually very slight The after-treatment is very important. It consists in preventing adhesions between folds of conjunctiva by occasionally sweeping a probe through the conjunctival sacs, and by the application of antiseptic and astringent solutions as required. It is customary to apply a solution of sublimate, 1 : 500, to the conjunctival surface, every twenty-four hours for from three to eight days after the operation; bathing with a solution of boric acid, 3 per cent, two or three times daily; and the application of astringents as required. The treatment may produce the result desired in three weeks; it may require three months. However, a satisfactory result is the reward in almost every case, which cannot be hoped for in similar cases by other methods of treatment.

HYDRASTIN IN PSORIASIS.—Dr. S. E. Wessel, of Davenport, Ia., has (St. Louis "Clinique") had excellent results from a ten per cent ointment in psoriasis.

PATHOLOGY OF OLD AGE*.

BY E. H. GRUBE, M. D., PITTSBURG.

Another thing worthy of note is revealed by autopsies made on the bodies of old people, and that is the large number of old tubercular lesions which were not suspected during life. These lesions consist of pleuritic adhesions, old cicatrized foci, and scattered gray tubercles. Active tuberculosis is not a prominent disease in old age, and when it exists it is apt to be exceedingly chronic. Of our 950 deaths, there were but 122 from phthisis and fibroid phthisis together. As further showing the truth of this statement, the tenth United States census showed that of 91,270 deaths from consumption during the census year 25,610 were of persons between 20 and 30, while but 8,222 were over 65. Again, a block of 2,800 examinations—carefully made—for admission to the National Military Home, but 260 were found to have clear indications of tubercular impairment of the lungs.

The statement that "pneumonia is the scourge of old age," made by high authority, is not borne out by my figures, as but thirty-seven out of the 950 deaths were caused by this disease. Loomis makes the astonishing statement that nine out of ten of those who die after the age of 65 die of pneumonia. Upon what such a statement is based I cannot see. Nor is lobar pneumonia different in any marked degree from the same disease in younger people. The initial chill is not so marked, nor is the temperature so high; but the crepitant—or, more generally, subcrepitant—râles, the rapid breathing, and the sodification are present, and would be found if looked for. I never regard the examination of an old person complete—no matter what the trouble—until the chest has been examined. The greater toleration and lessened sympathetic reflexes, spoken of before, mask the subjective symptoms of the patient sometimes, unless the physical examination be made. Neither is the prognosis in these cases much graver, unless there is great debility from some pre-existing disease, when pneumonia is but the closing act. Two other facts are worth noting in this connection: one is that defervescence by crisis is rare among the aged; and the other is that muttering delirium is almost prognostic of a fatal termination.

The changes in the alimentary canal are quite as well marked as those in any other part of the body. The teeth are lost; the mucous and peptic glands of the stomach are lessened in number and size; the intestinal villi are fewer, and the intestinal wall thinned, except the colon, which is frequently dilated and its walls thickened by connective fibrous tissue replacing the muscular tissue. As a sequence of these changes, we are not surprised to find a weakened digestion and poor assimilation of food in these people. Constipation is an almost constant accompaniment of old age. The frequency of cancer, especially of the stomach and liver, is shown by the large number of deaths due to cancer—33 out of 384 reported from the Central or Dayton branch alone. According to my own observation, the majority of these were doubtless of stomach and liver. Of the various diseases of digestion and assimilation I can say nothing here, as the subject is too extensive. You all know how difficult they are to handle, and can subscribe heartily to Abernethy's statement that "A man cannot be induced to attend to his digestive organs till death, or the fear of death, stares him in the face." Diarrhœa is a frequent and troublesome disease in old age, and sometimes one most difficult to control.

As an adjunct to the alimentary canal, the liver may be considered here. Fatty degeneration, or the "nutmeg liver," is almost always present in senile autopsies. Cirrhosis is extremely rare, which I think remarkable in the face of the generally accepted theory of alcoholism as the chief ætiological factor in its causation, since a large number of the men in the military homes are confirmed alcoholics.

Bright's disease, like phthisis, is apt to be chronic with old people, and is generally of the fibroid character, and so is likely to go undiscovered, as the symptoms are so masked as to be misleading, and the patient is treated for indigestion, neuralgia, rheumatism, etc.

Case I. W. R——, aged 70, has been under treatment about six months for chronic dyspepsia. Gives history of long-standing rheumatism. Complains of pain in stomach, persistent vomiting, and headache and insomnia; no treatment seemed of any avail in relieving his nausea. He was emaciated, abdominal veins enlarged, and liver seemed contracted. Repeated examinations of urine showed both albumen and casts, but in moderate quantities only. Patient finally died of exhaustion. Atopsy: Body very much

*Concluded from Nov. MEDICAL STANDARD.

emaciated; lungs œdematous; hypertrophy of left ventricle; valves of left heart and commencement of aorta studded with minute patches of atheroma; liver contracted to little over half its normal size; walls of stomach thicker than normal and more opaque; colon contracted throughout entire length, at some points seemingly almost closed, the coats thick and fibrous; the walls of bladder also thickened and opaque; left kidney contracted, and fibrous on section; right kidney larger, but also fibrous; cysts scattered over surface of kidneys; microscopic examination of kidneys shows glandular and epithelial elements crowded and replaced by fibrous tissue; the walls of the arteries thickened and their lumen diminished.

Thirty-seven of 950 deaths were caused by Bright's disease. Of the other morbid conditions of the genito-urinary tract, I need only mention the senile prostate, which, with the allied cystic troubles, belongs to the domain of the surgeon.

The most distinctively senile change of all is degeneration of the brain and the nervous system in general. In the brain the sulci become shallower, the gray matter thinner, and the brain as a whole shrinks. This shrinking is compensated by an increase of the ventricular fluid and the subarachnoid fluid, which, on exposing the brain surface, has an opaline appearance; corpora amylacea appear in the thinned cortex. In the cord and nerve trunks many of the medullary sheaths disappear, giving the sections the appearance of being full of minute punctures. The conductivity of the nerves is lowered, and consequently reflex action is lessened. There is gradual loss of mental power, memory and attention suffering most. An interesting point here is that the memory for events long past is better than that for more recent events. The old person will tell you in tiresome detail events which happened when he was young, but cannot remember what he had for yesterday's dinner. When these changes are exaggerated we have either softening or sclerosis, ending, of course, in dementia; or, in the spinal tract, sclerosis of various ones of the physiological tracts. Of the changes in the nerves of special sense I need not speak.

RESORCIN IN GASTRIC ULCER.—Dr. F. M. Pope, of Leicester, England, ("Amer. Lancet") reported sixteen cases of gastric ulcer treated by resorcin. As its three properties of an antiseptic, an analgesic, and a hæmostatic are three valuable qualities for the treatment of this complaint, where the three prominent symptoms are fermentation, pain and hæmorrhage, he was led to use the remedy as early as 1888 in cases o this character, and with very encouraging results. He prescribes it in five-grain doses, simply dissolved in one ounce of water, and administered if possible when the stomach is empty. Milk diet is given, unless the vomiting has been very constant, when digested milk is sometimes substituted. He has not found it necessary to use nutrient enemata or suppositories since employing resorcin. Rest in bed in the recumbent position is insisted on. Dr. Pope thinks its analgesic property the most valuable, as the stomach is able to tolerate food while the extremely sensitive and ulcerated or eroded surface is soothed by the medicament. Then, in the second place, the checking of fermentation prevents further discomfort and allows healing to proceed steadily. Finally, its hæmostatic action must not be forgotten. He has also found the remedy must not be forgotten. He has also found the remedy of great service in gastric cancer accompanied by ulceration of a septic character.

FEVER AND CONSTIPATION AFTER SURGICAL OPERATIONS.—Perier calls attention to a cause or fever after operations, which is generally little regarded ("Pacific Record"), but of practical importance for determining the nature of the fever. This is the interruption of stools which, according to him, causes nine-tenths of all cases of febrile phenomena after operations. He recalls Chassaignac's dictum: "A chill in consequence of an operation may have three causes: Erysipelas, purulent infection, constipation." Perier observed after operations temperatures of over 102°, which disappeared after a slight cathartic. He explains this fever by an intestinal auto-infection induced by the formation and resorption of ptomaines in the stagnant fæcal matters. For this reason care should be taken that one or two days before an operation the intestinal tube is evacuated. In all serious operations, especially in operations within the abdominal cavity, an "intestinal antisepsis" should be obtained in a direct way, which might best be done by administering for several days B-naphthol and bismuth salicylate. In case fever makes its appearance after an operation, a cathartic should be administered without delay, except in a few cases (e. g., after operations performed on the canal of nutrition itself), where the intestine requires absolute repose.

UNTOWARD EFFECTS OF CHRYSOPHANIC ACID.—Dr. C. Kendrick, of Kendrick, Miss., states (St. Louis "Clinique") that chrysophanic acid may cause diminution of virile power.

CASCARA SAGRADA; ITS THERAPEUTIC RANGE.

BY ZINA PITCHER, M. D., DETROIT, MICH.

PROF. MATERIA MEDICA AND GENITO-URINARY DISEASES, MICHIGAN COLLEGE OF MEDICINE AND SURGERY.

It is not a great many years since "rhamnus purshiana," or "cascara sagrada," was introduced to the medical profession as a laxative and tonic of great value, and of it can be said what can be said of few other equally lauded drugs. It has grown steadily in favor each year, adding increased lustre to its reputation. If the average practitioner were asked off-hand for its use, his reply would invariably be as a laxative.

Probably no remedy has gained so strong a foothold in the treatment of constipation as "cascara." But why it has, does not bother the hard-worked practitioner. He accepts the result and cares little for the method. Constipation results from many causes, probably the most common being inattention to the calls of nature. This is a grevious error. One accustomed to waking at a given hour does so regularly until the habit be resisted a few times; after that it requires an alarm. Another prolific cause is the constant use of liver pills, etc., under the impression that the much-abused organ is at fault. Nothing could be more senseless, the bowel becomes accustomed to action under stimulation and so onrefuses to respond to the natural stimulus of food.

Just as one who chews tobacco, and accustoms the salivary glands to an irritation far in excess of foods, finds, when so bland a matter as the latter is placed in the mouth, it occasions little or no response on the part of the aforesaid glands. Sometimes constipation arising from such causes, and also from sedentary habits, occasions a train of symptoms in themselves distressing; and, again, it is the evidence of trouble deep-seated and little suspected. Persons who for a time have labored under a heavy mental strain find the action of the nervous system perverted, and as a result insomnia and excessive nervousness. The appetite is lost, and and food, instead of digesting, ferments, because the general perversion of the nervous system results in an imperfect glandular action and an insufficiency of digestive ferments. This insufficiency of fluids results in a dryness of stool, and this, together with a lack of vigor in the muscular coat of the bowels, results in an obstinate constipation hard to relieve.

No remedy under this or the foregoing condition is as efficacious as "cascara sagrada," It acts not only as a stimulant to the bowels, but to the secretory apparatus and as a mild "cholagogue." It might be a policy to combine it with columbo, gentian, nux vomica, cinchona, ignatia, belladona, wahoo, hyoscyamus or the bromides. The two latter when excessive nervousness exists. In a large number of cases coming under my observation in the out-door clinic at the Michigan College of Medicine and Surgery and in private practice I have used the drug in the manner indicated with signal success.

Inasmuch as "cascara" in the form of the "Fluid Extract" is decidedly disagreeable in taste, I have used, much to my patients' and my own satisfaction, "Stearns' Cascara Aromatic," in doses from five to fifteen minims three or four times a day—before meals and just before retiring—until a good action was obtained, and then gradually reducing the dose each day until the bowels acted naturally without the aid of medicine.

While the remedy is entitled to much of the credit, it must not be overlooked that hygiene, exercise, fruits, and regular hours for stool had a great bearing on the final result. When the liver is torpid and the bowels inactive, bile is sometimes excreted by the kidneys; if such be the case, and a "nephritis," "cystitis" or "uerthritis" exist, much distress results, as the urine is then decidedly irritant. This condition is also successfully relieved by the same preparation.

In prostatic trouble in "dysmenorrhœa," "metritis," "endometritis" and "hæmorrhoids," the pain present is markedly increased if the lower bowel is allowed to become overloaded. I have seen relief from pain here follow the use of "cascara" when opiates failed utterly.

In the many digestive troubles of children consequent upon disordered alimentary secretions, I have used "Stearns' Cascara Aromatic," in doses ranging from five to twenty drops from one to three times daily. When worms infect the bowel I have successfully disguised such disagreeable drugs as Felix mass and spigelia. Taking it all together, the history of the drug is one of prolonged conquest, and to it the profes-

sion owes much. Equally grateful should they be to any firm enterprising enough to put on the market so efficient and palatable a preparation as "Stearns' Cascara Aromatic." It stands to-day pre-eminent as an evidence of pharmaceutical and chemical skill robbed of none of its medicinal properties yet agreeable in taste.

FOREIGN BODIES AND ARTIFICIAL ANUS.—Dr. W. Appleby (St. Louis "Clinique") reports the case of a three-year-old boy in excellent health born without an anus. The physician in charge immediately operated, making an opening about one-eighth inch in diameter; since that time the bowels have been daily moved by enemata. For the last month the child complained of pain and tenesmus, and the mother stated that she had detected something solid on introducing nozzle of syringe. Under chloroform the opening was enlarged with a blunt bistoury, Goodell's dilator introduced, and opening widened sufficient to admit index finger. After thoroughly washing out the gut (which was greatly sacculated from the large accumulation of fæces), foreign bodies were detected, and by means of a pair of U. S. A. bullet forceps six stones about the size of hazel nuts were removed. The stones are identical with those found on the beach of Puget Sound, and must have been swallowed several months previous to removal. Since the operation the mother has practiced dilatation daily with her index finger, the sphincter muscle is well developed, but as yet the bowels are moved by enema.

HEAD IN UTERUS.—The MEDICAL STANDARD, Vol. I., cited a case in which a decapitated head remained in the uterus ten years. A somewhat similar case has lately been reported by Dr. Notta ("Medical Abstract"). A woman who had passed two successful labors without difficulty or attendance was obliged, on the third occasion, to send for a doctor, who, as far as can be learned, performed version unsuccessfully, and the child died. He succeeded, however, in bringing down a leg, which he cut off. This was sufficient for one day. The next morning he again appeared, brought down the other leg, which he also cut off, and again left. Next day he failed to appear, but a brother physician appeared, who drew down the body, which he cut off at the neck. This was sufficient, in his opinion, and, after stating that it would be unnecessary for him to call again, he left a prescription for an antiseptic injection. The woman followed her usual occupations, but at the end of three months, while she was not sick, she felt ill at ease, and she noticed also that the lochia persisted in a manner not noticed after her previous pregnancies. For this reason she consulted Dr. Notta. On examination, a voluminous mass was found in the uterus, and upon the introduction of forceps a fleshless bone was secured, which proved to be a maxillary. The woman entered the hospital, where, after dilatation of the uterus by means of laminaria, very slowly and with much difficulty the unfortunate was at last delivered of all portions of the fœtal head by the aid of forceps and lithotrites. There was a slight rise of temperature, of little importance medically, during the treatment.

HYSTERECTOMY FOR CANCER.—Dr. Charles A. L. Reed, of Cincinnati, presented to the recent meeting of the American Association of Obstetricians and Gynæcologists a report of twenty-five cases of complete vaginal extirpation of the womb for cancer, with only two primary deaths—one from shock and one from iodoform poisoning. Of the twenty-five operated upon but fourteen were of more than two years' standing, and hence were all that could be discussed with reference to their ultimate results. These fourteen were divisible into two classes of seven each, viz: those in which the disease had existed for more than six months before the operation, and those in which it had existed for less than six months before the operation. Of the first class, i. e., those of more than six months' (an average of 10+ months) previous duration, all were dead; of the second class, i. e., those of less than six months' (an average of 4+ months) previous duration only one has since died. One of the recoveries is of more than five years' duration. The conclusion from these figures is that cases of cancer of the uterus ought to be remanded for operation as soon as diagnosed. Dr. Reed looks upon total extirpation as the only operation to be advised or practiced in these cases, the primary mortality from which, in experienced hands, varies from five to eight per cent.

VARIOLA AND VACCINIA.—Dr. Hime ("Brit. Med. Jour.") inoculated a ten-months-old bull calf with small-pox lymph. Varioloid resulted. Lymph taken from the resultant vesicles was inoculated into a second calf, producing typical vaccinia. Lymp from this vaccinia produced vaccinia both in man and the calf.

NERVOUS DISTURBANCES AFTER REMOVAL AND ATROPHY OF TESTICLES.*

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Weiss† has reported the case of a man 54 years of age, in whom a series of grave nervous symptoms occurred shortly after the removal of both testicles for tubercular disease. This condition manifested itself by great mental and physical restlessness, agitation, palpitation of the heart, gastric crises, profuse perspiration, melancholia, syncope, etc. Weiss† noted the similarity of these symptoms to those observed in women at the menopause, or after the removal of the ovaries.

In 1880 there came to me a patient from an adjoining state, who, after the removal of one testicle, had, in addition to persistent neuralgia testis, symptoms much like those described by Weiss, the melancholia being associated with hypochondriasis. After a course of treatment extending over one year, which included local galvanism for the relief of the neuralgia, the patient's nervous symptoms and pain disappeared. He improved much in general tone, but persisted in believing that his scrotum was too long, and went East and had it shortened, which operation seemed to satisfy him, and the patient has remained well ever since and is virile.

A patient from a neighboring state, of good physique, good mental capacity and intelligence (a professional man from Iowa), after atrophy of both testicles without scrotal pain, one testicle being the size of a lima bean, the other not larger than a small peach-stone, became neurasthenic and sexually hypochondriacal (the latter a reasonable fear, however), somewhat sleepless and mentally depressed, but has improved under treatment in all except his doubts as to his virility, which are well grounded, though he has never tested his sexual powers.

Another patient, after exsection of a tuberculous right testical, performed in Germany (a fistulous opening having been left by the surgeon which we did not deem it prudent to disturb, but kept open and injected with bichloride solution, as it occupied and diverted the patient's mind), came under treatment for profound melancholia with associated insomnia, hypochondriasis and suicidal impulses, December 22d, 1891, and remained under treatment, with marked improvement, until January 7th, 1892, when he went home. Returning on the fourteenth of January, he continued to improve, with some exacerbations, or depression, owing to the increasing complications of his neglected business, when, being advised by intermeddling friends to consult a surgeon of this city, he was taken out of our hands by the surgeon whom he consulted against our protest (as it was a surgical case he said), placed in a hospital, and died the day following the operation, of nervous shock, probably. We did not see him.

A number of similar cases might be cited from our own experience, in which marked nervous disturbances has followed removal of one or both testicles and atrophy—the nervous derangement being either sequent or concomitant to the condition calling for removal and to the atrophy, the cereoro-spinal system, especially in the trophic centers of the gray anterior cornua of the cord, appearing to lose some stimulating influence essential to its healthy tone and perfect integrity, in some organizations, because of the missed peripheral neural impressions through the lost or degenerate genital apparatus, just as the peripheral motor system suffers atrophy from central diseases of a degenerative kind, as well as what may be lost to the organism through failure of seminal resorption. The same or a similar result seems to have followed as a sequence of a number of recently reported and carefully observed cases after oophorectomy.

We have observed the same fact in developed aspermatism. Weiss ascribes these disturbances to the absence of the normal secretions from these glands, which from the experiments of Brown-Sequard seems to have a marked tonic effect upon the nerves. The removal of this stimulant, he believes, results in a general nervous depression, as in cases where other stimulants are suddenly suspended.

This is doubtless to a certain extent true, but it is not the whole truth. The causes that make the operation necessary, that lead to the degenerative changes that call for surgical therapy, and the psychical after-effect of the surgical procedure must also be considered. Such of these cases as reach the neurologist before falling into the hands of the surgeon generally show

* Miss. Valley Med. Assoc. Trans.
† Wein. Med. Press, 1890.

marked neuropathic instability, and not infrequently it is one of the hereditary factors of the case. The question as to cause and sequence, therefore, has yet to be finally settled by further clinical facts with the testimony, now largely in favor of constitutional neuropathic decadence and hereditary neural instability as the chief factor in causation.

TENDON REFLEXES.—Krauss gives (Buffalo "Med. and Surg. Jour.") the following summary:

Exaggeration of Tendon Reflexes.

Organic Disease.

Spinal Cord.

1. Myelitis.
2. Amyotrophic lateral sclerosis.
3. Paraplegia spastica.
4. Multiple sclerosis.
5. Syringomyelia and hydromyelia.
6. Hematomyelia and hematorrhachis.
7. Spinal tumors.
8. Pachymeningitis hæmorrhagica interna.
9. Pachymeningitis cervicalis hypertrophica.
10. Brown-Sequard's spinal paralysis.
11. Arthritic muscular atrophies.

Brain.

1. Hemiplegia — Cerebral apoplexy. Cerebral embolism, thrombosis. Acute encephalitis.
2. Hematoma.
3. Hydrocephalus.
4. Senile dementia.

Functional Disease.

1. Hysteria.
2. Epilepsy.
3. Neurasthenia.
4. Paramyoclonus.
5. Tetanus.
6. Psychoses.
7. Infectious processes.

Abolition of Tendon Reflexes.

1. Neuritis — Simple. Toxic. Endemic. Infective.
2. Locomotor ataxia.
3. Poliomyelitis anterior.
4. Spinal muscular atrophies.
5. Hereditary ataxia (Friedreich).
6. Chorea molle.
7. Chronic ergotism.
8. Diabetes mellitus.
9. Traumatism.

Abolition and Exaggeration.

1. Meningitis — Spinal. Cerebral.
2. Dementia paretica.
3. Idiocy.

GROUND WATER AND TYPHOID FEVER.—Dr. Hugo Summa, in a paper read before the St. Louis Medical Society, concludes that: "The dependence of typhoid fever epidemics on certain changes in the soil which find their expression in the stand of the ground water is a general fact, correct at least for Middle Europe and some parts of the United States. The ground water is only an auxiliary cause, never the direct cause. Therefore, there may occur a very low level of the subsoil without the development of a typhoid fever epidemic if the sewerage, for instance, prevent the typhoid fever germ from passing into the soil, or when the inhabitants are inured. The ground water is an essential auxiliary cause for the greatest number of typhoid fever epidemics, inasmuch as there will occur no extensive epidemic without synchronous low level of the ground water; a great epidemic will never spread out during an absolutely high level. The sewerage and provision of good drinking water influence typhoid fever, but also the ground water. Good sewerage prevents the typhoid fever germ from coming into the soil and from there, where it becomes, very probably, more virulent, into the human body. Besides that, it regulates the height of the ground water. The provision of good drinking water deprives the typhoid fever germ of one of its surely not unessential means of transportation, and has, too, a regulating effect upon he level of the good water when the use of the wells has been rendered unnecessary or entirely forbidden."

GOSSYPIUM IN CHRONIC UTERINE HÆMORRHAGE.—Dr. Garrigues states ("Post-Graduate") that in acute uterine hæmorrhage he found no drug superior to ergot, though in chronic hæmorrhages the best remedy was gossypium, made into a decoction by taking three heaping teaspoonfuls to one pint of water and boiling for fifteen minutes; when cold, one-third part of this is to be taken three times a day. This remedy is very useful in uterine hæmorrhage, even when due to fibroids or to cancer. If hæmorrhage be present, or there is any tendency to it, in his opinion iron only aggravates the condition. Apostoli's method of galvano-chemical cauterization is also very valuable. A very strong galvanic current is applied to the uterus with the positive pole.

TYPHOID FEVER AND GUNSHOT WOUNDS.—Dr. Heine Marks reported to the St. Louis Medical Society a case of some forensic interest. The patient was shot in the abdomen by a negress about the first of July and died at the city hospital. The autopsy held showed that the gunshot wound was in no way responsible for his death, which was due to typhoid fever. The patient was taken to the hospital on July 3 and laporotomy was performed. On Aug. 10 he was discharged, as the wound had completely healed and he was able to go to work. Nov. 14 he returned to the hospital and evinced undoubted symptoms of typhoid fever. He survived the attack only three days and a half and died Nov. 17. On autopsy, the bullet was found completely encysted, and the surrounding membrane in a healthy condition, while the spleen, liver, and other organs showed all the signs of a malignant case of typhoid fever.

LOXOPHAN or tri-iodide-cresol has been found of value in sycosis.

Editorial.

THE Pan-American Congress is now under way. It merits the hearty support of every American physician. A memorial to congress has been prepared asking for an appropriation, for the following very cogent reasons:

The commercial interests of the country will be benefited by the influence of the proposed congress, in preparing the way for the adoption of a uniform set of quarantine regulations for all the countries and colonies. The absence of such uniform regulations is to-day one of the most serious impediments to commerce in the western hemisphere and results in large pecuniary losses annually. The International American Conference, a few years ago, was unable to adjust this question because the underlying scientific data were not sufficiently definite. One section of the Pan-American Congress will be devoted to quarantine, with the object of debating, and as far as possible settling, moot scientific questions connected with the general subject, which will thereby be placed in position to be taken up satisfactorily by the plenipotentiaries. The health of the entire people will be promoted by a more complete study of the epidemic diseases that menace us from the South. Diseases of the hot climates will be especially considered by the congress. Advantage will accrue to the people by a better understanding of the various problems in climatology that will be discussed, while all communities are vitally concerned in all matters of domestic, municipal and state sanitation, such as will engage the attention of the section on hygiene, climatology and demography. The relations of the United States Government to the other governments of the western hemisphere will be promoted by the Pan-American Medical Congress. The medical profession, particularly in the Latin-American countries, is the most active and influential single element in the political life of those countries. To secure the co-operation of that influential element, through the side avenues of fraternal feeling and scientific interest, is to pave the way to the more easy ratification of desirable further treaty relations with those countries. The general educational interests of the United States will be enhanced by the Pan-American Medical Congress. Practically, all of the graduates in medicine in Latin America leave their respective countries for a period of post-graduate study, and practically all of them go to Europe, although the American schools are confessedly better equipped than are those of the old world. By securing a large attendance of physicians from those countries upon the section on medical pedagogics, at which the resources of American medical schools will be exemplified, this tide of patronage will be largely diverted to the United States. In this way incidental familiarity will be acquired with our excellent scientific and literary institutions, and patronage of the same will be increased. Money expended by students in this way accrues to the benefit of the general public. The policy of the United States to protect the interests of its citizens residing in foreign countries should alone prompt the expenditure. Physicians and dentists, graduates of excellent American colleges, and citizens of the United States, are denied the privilege to practice on the same terms that are accorded to similar citizens of other countries residing in any of the American republics and colonies. In some countries the laws are prohibitory, as applied to the graduates of American colleges. This will be largely remedied by securing the presence of representative men from those countries, who will be favorably impressed with our educational methods and resources and with the intellectual status of our profession, and who will consequently become active in amending their laws relating to this important subject. The United States Government has established the precedent of granting financial support to international medical congresses by appropriations made for the benefit of the Fifth International Medical Congress, which met in Philadelphia in 1876, and for the Ninth International Medical Congress, which met in Washington in 1887. Both of these congresses were valuable, but neither of them dealt with such distinctly American interests as will the Pan-American Medical Congress, and hence could offer no such conclusive claims for generous support at the hands of the National Government. The United States Government is already morally committed to the support of the Pan-American Medical Congress. The Senate and House of Representatives adopted a joint resolution, which was approved July 18, 1892, whereby the President of the United States was authorized and requested to invite the governments of the western hemisphere to send delegates to the congress. These invitations have been issued. The congress thus called into existence must be organized, must have its business transacted, must have the expense of the meeting defrayed, must be entertained, and must have its proceedings published. The necessary expense thus implied is far beyond the reasonable resources of the congress itself, and ought to be defrayed by the Government of the people who will, after all, be the chief beneficiaries of the meeting.

Physicians should see that their congressman supports this appropriation.

The "British Medical Journal" thus aptly deals a blow at the hypocrisy of the hysterical anti-vivisectionists under the title of "The Vivisection Gnat and Commercial Camel":

It has before been the subject of caustic remark how readily many of those who strain at the gnat of physiological investigation swallow the camel of wholesale mutilation where either commerce, the pleasures of the table, sport, or agricultural finance require or suggest mutilation, destruction, or wholesale infliction of agonizing pains upon even the most highly organized creatures; not to speak of the wholesale agonies of rabbit-trapping in the warren for the market, or of the coursing of the hare, the hunting of the deer and the fox, and the mutilation of countless pigeons in matches, and grouse, pheasant, and partridge in battues and drives, of the wholesale poisoning of rats and other vermin by strychnine, phosphorus, and arsenic, or of the universal practice of mutilating without anæsthetics—horses for draft, boars and sows, bulls and rams for the butcher, the creation of liver disease on a great commercial scale to supply the gourmand with foie gras—we notice one of the most humanitarian of papers speaking with approval of an order just given by the departmental commission, appointed recently to inquire into the plague of field mice in Scotland, for experiments to be made on a considerable scale by an eminent biologist, who has undertaken to bring about the destruction of these marauding herds by spreading an epidemic among the mice. In this case, however, everything seems to be condoned because the object for which the services of the researcher are engaged is a commercial one and in the agricultural interest, whereas if it were only to prevent suffering among mankind by discovering with accuracy methods of preventing or curing disease or the effects of disease, we might be sure that Miss Frances Power Cobbe, Bishop Barry, or the Bishop of Manchester would be heard bemoaning the wickedness or cruelty which could think it right to purchase whatever boons to mankind at the cost of pain to any member of the defenseless dumb creation. The inconsistency is sufficiently marked, but it would be hardly worth while emphasizing if it were not that it indicates the un-

deriving fallacy of their whole argument. Which is the greater cruelty, to infect a herd of mice, to imprison thousands of rabbits for long hours with broken limbs in steel-jawed gins, to geld a herd of horses or of sheep, or to perform a physiological experiment in the laboratory after giving proof that the object is one important to knowledge and likely to benefit mankind? Nay, the pain and suffering inflicted in any one county in this way is probably greater in a day than that inflicted in the whole physiological laboratories of Great Britain in a year. Moreover, in the one case anæsthetics are never administered, in the other they are so in most cases, and if they are not so administered a special declaration and a special license is required. No declaration and no license is required when the mutilation is inflicted or the agony imposed for any commercial or agricultural purpose or even to gratify a fastidious palate or to satisfy a peculiar aversion. As Sir William Jenner aptly put it on the occasion of the famous deputation of medical men to Mr. Cross, introduced by Mr. Ernest Hart at the home office in 1876, any man may catch a rat in the most cruelly devised trap, or hunt it to death with dogs, or poison it with strychnine, or destroy it as he pleases for the mere reason of dislike or fear, but if he wishes to inflict any kind of pain, however slight, with a view of deriving knowledge for the benefit of medical science and the relief of suffering, he is either forbidden altogether or permitted only to do so under a special license, and even then is held up as a malefactor by certain of the fanatical anti-vivisection party.

THE "proving" notion which Hahnemann made a cardinal doctrine of hahnemania was like most of his "discoveries," a distorted plagiarism from current therapeusis. The directions given by Von Haller in 1755 ("Amer. Therap.") for physiological investigation of a drug were as follows:

In the first place, the remedy is to be tried on the healthy body, without any foreign substance mixed with it; having been examined as to its odor and taste, a small dose is to be taken, and the attention directed to all effects which thereupon occur, such as upon the pulse, the temperature, the respiration, the excretions. Having thereby adduced their obvious phenomena in health, you may pass on to experiment upon the sick body.

AMERICAN gynæcology has sustained a great loss by the death of that most cultured, genially humorous American physician, Dr. A. Reeves Jackson. He was born in Philadelphia June 17, 1827. He was educated in the public schools and graduated at the Central high school in 1846. He then began to prepare for the position of engineer in the United States navy, but after a few months abandoned this purpose and commenced the study of medicine. He graduated from the medical department of the Pennsylvania university in 1848. During the war he served as assistant medical director of the army of Virginia. In 1867 he accompanied an expedition from New York to Palestine as ship's surgeon. He came to Chicago in 1870, and in 1871 organized the woman's hospital, becoming its chief surgeon. In 1872 he became a lecturer in Rush Medical College. In 1874 he was editor of the Chicago "Medical Register." In 1882 he was a founder of the College of Physicians and Surgeons of Chicago. The expedition to the "Holy Land" was satirized by "Mark Twain" in "Innocents Abroad," and Dr. Jackson enjoyed thereafter the sobriquet of "Mark Twain's Doctor." His contributions to gynæcology were scholarly, conservative and judicious. Dr. Jackson made some incursions into general literature and enjoyed a well deserved reputation as a humorist. His "Old Grimes," published in 1877, was a great success. He was infected during a gynæcological operation. Arterial atheroma was the result; from this came the apoplexy, from which he died. He will be sorely missed by the cultured physicians of Chicago, who enjoyed his genial-courtly discussions of medical papers.

THE "Homœopathic Physician" utters the following melancholy wail over the decadence of homœopathy:

There are between twelve and fourteen thousand physicians in this country who claim to be homœopathists, and if a vote were to be taken upon the subject to-day as to whether simila is a universal law and should be strictly adhered to in all medical cases, at least sixty per cent would vote against it; that there is no such a universal law, since "homœopathy is only a system of medicine, and not the only true system of cure; that similia similibus curantur should be written similia similibus curenter (Hughes and numerous others), and similia would answer in some cases, but in others we claim the right to the armamentarium of all the schools of practice; and the physician who would not do so should not be allowed to practice, and be put down as a bigoted hahnemaniac (the last pronounced with a slur)." Now why is this the case? If you should speak to them about "The Organon," many of them would not know what you meant; they would very likely ask, is it some new medicine, or is it something good to eat? and who has gotten it up, or what is it made of? I have never heard of it before." Were you to tell them that it was Hahnemann's promulgation of the law of homœopathy, and that no one could practice homœopathy until he had made himself familiar with the law (the teachings of "The Organon"), and that it can be obtained nowhere else but from "The Organon," they will laugh in your face and tell you that you are one of those new-fangled hahnemaniacs, and that they have no use for it; that "Hahnemann was an old fogy; that he may have done well enough in his day, but we are progressionists and have long since outgrown him; that we have learned a great many things that Hahnemann never knew, or ever thought of. No, I do not think I want it." Should this appear strange when "The Organon" has not been taught in any of the colleges—that it has been left out of their curriculum? Could anything else be expected, when many of the professors of these misnamed colleges have never pursued a page of "The Organon" in their lives? Then how could they teach it (the law) to their students? Is there not something wrong here? Shall we allow it to continue?

THE "Medical News" states that not long ago, and possibly at present, one or two drug stores of a large American city kept a series of Yale-locked boxes behind the prescription counter,

each marked with the name of a physician of the city. The boxes had a slot sufficiently large to admit a silver dollar, which, wrapped in the prescription, was placed in the box, when, by the careful direction of the writer, the patient had been piloted to the store. The special key was carried by the honorable gentleman whose professional card was upon the box. It would be safe to wager that this percentage prescriptionist was, like most of these gentry among "reputable" practitioners, a fanatic "old codeite."

AN American Medical Association "Journal" correspondent states that London surgeons have departed from their first love for antisepsis. The writer was surprised to see the instruments taken from their cases and then dipped in a perfectly perfunctory manner in the bath, after which they were used without further precaution. At the London Hospital a Frenchman expressed some surprise, but admitted that he had been told that the English surgeons are no longer the strict observers of surgical cleanliness that they once were, and that Mr. Lister is the "dirtiest." The influence of Lawson Tait is here evident.

THE "Medical Record" thus describes a new medical industry which is open to women:

Frau Gelly enjoys the probably unique distinction of being the only person engaged in her occupation. Nearly every medical visitor to Vienna within the last ten years will remember her. She is employed as a nurse in Schnitzler's throat clinic in the general hospital, and acts as an assistant instructor, but her forte lies in hiring herself out to medical men as a subject upon which to practice laryngology and rhinology. She comes to your rooms by appointment and brings all her own instruments. If you are a beginner, she explains the proper position for patient and physician, the adjustment of the forehead reflector, and the introduction of the throat mirror. Her throat is so insensitive that even the most awkward manipulations produce no gagging or other reflexes. She is able to tell whether the throat mirror is in correct position, and to guide your hand so that you must see the vocal cords. She next points out with a probe the different structures to be seen. The next step is for the student to paint the larynx with some bland solution, and after that to touch the different parts with the probe, as if applying a solid caustic. When you have become quite expert she introduces a glass bead so that it rests on one vocal cord and lets you remove it with Schrotter's forceps. The amount of confidence she has in your dexterity is indicated by the fact that she keeps a very tight hold of a thread attached to the bead.

DR. D. R. DEWEY has recently studied suicide in New England. Suicides have increased about thirty-five per cent since 1860. In Massachusetts suicide increased in thirty years from 69.9 to 90.9 per million; in Connecticut from 60.6 to 103.3. During the civil war there was a decrease, and during the panic year 1873 there was no increase. Men furnished 76.9 per cent of the 6,473 suicides tabulated. The maximum suicides in Massachusetts were between 70 and 80 years of age, and suicide decreases as the age period lessens. The maximum suicides in both sexes (except in Vermont) were committed in April, and women committed suicide equally in April and July. In Vermont May was the favorite period. Women prefer poisoning, but next to this drowning. Suicides by poison are twice as frequent in Massachusetts as in England.

AN interesting question anent consent was raised in a recent case. A breast cancer was excised with success, but the patient died from meningeal tuberculosis. The husband sued the surgeon on the ground that his consent had not been obtained. The jury found for the surgeon, whereupon the case was appealed. The Supreme Court, in finding for the surgeon ("Internt. Med. Mag."), said:

It was the duty of the professional men to exercise ordinary care and skill, and, this being a duty imposed by law, it will be presumed that the operation was carefully and skillfully performed in the absence of proof to the contrary. As all persons are presumed to have duly performed any duty imposed upon them, negligence cannot be presumed, but must be affirmatively proven. This principle is especially applicable in suits against physicians and surgeons for injuries sustained by reason of alleged unskillful and careless treatment. The burden of proof is on the plaintiff to show a want of proper knowledge and skill.

His own testimony shows that he assisted the physicians in preparing to perform the operation, and, though not in the room where it was performed, was near at hand. He says that he supposed the medical men were operating for a tumor, and that he would not have consented to an operation for a cancer. There is evidence from which the jury might infer that the patient knew that the formation in her breast was a cancer. When the doctors came to the house she had already prepared herself to undergo the operation. If she consented to the operation the doctors were justified in performing it, if, after consultation, they deemed it necessary for the preservation and prolongation of the patient's life. Surely the law does not authorize the husband to say to his wife, "You shall die of the cancer; you cannot be cured, and a surgical operation affording only temporary relief will result in expense." The husband had no right to withhold from his wife the medical assistance which her case might require.

The consent of the wife, not that of the husband, was necessary. The professional men whom she called in and consulted, being possessed of skill and scientific knowledge, were the proper persons to determine what ought to be done. They could not, of course, compel her to submit to an operation, but if she voluntary submitted to its performance her consent will be presumed, unless she was the victim of a false and fraudulent misrepresentation, which is a material fact to be established by proof. Indeed, the party who allows a surgical operation to be performed is presumed to have employed the surgeon for that particular purpose.

THE Oregon medical practice act has been sustained by the Supreme Court.

THE first quinquennial prize of $1,000, under the will of the late Samuel D. Gross, M. D., will be awarded in 1893. The conditions annexed by the testator are that the prize "shall be awarded every five years to the writer of the best original essay, not exceeding 150 printed pages, octavo, in length, illustrative of some subject in surgical pathology or surgical practice, founded upon original investigations, the candidates for the prizes to be American citizens." It is expressly stipulated that the successful competitor shall publish his essay in book form, and that he shall deposit one copy of the work in the Samuel D. Gross Library of the Philadelphia Academy of Surgery. The essay, which must be in English, should be sent to Dr. J. Ewing Mears, 1429 Walnut street, Philadelphia, before June 1, 1893. Each essay must be distinguished by a motto, and accompanied by a sealed envelope bearing the same motto, and containing the name and address of the writer. No envelope will be opened except that which contains the successful essay. The committee will return the unsuccessful essays if reclaimed by their respective writers, or their agents, within one year. The committee reserves the the right to make no award if the essays submitted are not considered worthy of the prize.

THERE are but few reported cases of uncomplicated wounds of the ureters ("Jour. Amer. Med. Assoc.") though one or both of these ducts have not unfrequently been injured in abdominal operations on the ovaries, uterus, or vagina, Gusserow and other authorities stating that this accident has happened to most surgeons that have frequently performed vaginal hysterectomy; and traumatism during parturition has been the most frequent cause of uretero-vaginal or uretero-uterine fistula. Dr. F. Kammerer ("New York Med. Jour.") reports two cases of uretero-abdominal fistula caused by difficult abdominal operations, in each of which he subsequently successfully performed nephrectomy. The latter operation, first performed by Simon for the cure of ureteral fistula, has been performed about an equal number of times for the cure of uretero-abdominal and uretero-vaginal or uretero-uterine fistula. Of the thirteen recorded cases of nephrectomy for ureteral fistula collected by Kammerer, only two resulted fatally; one death being due to insufficiency of the remaining kidney.

DR. DERIABIN of Osa reports ("Brit. Med. Jour.") the case of a previously healthy girl, aged 18, in whom there suddenly appeared, without obvious cause, a profuse hæmorrhage from the center of the tip of the nose, the anterior surface of the forearms, and the volar aspect of the finger tips. From the skin of the nose the blood escaped in the form of a single fairly thick stream, while from the upper limbs it ran in the form of numberless thin jets and drops, as if "from a watering-can." Sometimes the blood spouted in a jet more than a foot high, at others it simply oozed, while now and then the bleeding stopped altogether. The phenomenon lasted, with short intermissions, nearly four hours, and was followed by all the typical symptoms of acute anæmia (pallor of the face and mucous membranes, vomiting, giddiness, prostration, etc.), the girl gradually recovering in about four days. Repeated examinations failed to detect any lesion of the integuments—except, perhaps, over the tip of the nose, where there could be seen "a largish orifice of a cutaneous gland plugged with a blood clot." The latter disappeared in a few days, "leaving a permanent bright red spot." The thoracic organs were sound; menstruation normal. The dermorrhagia did not recur up to the date of report (four months after the bleeding).

DR. LOMBROSO, the Italian anthropologist, states that Sighele, a young lawyer, has discovered a village of criminals. It is the village of Artena, which enjoys an infamous notoriety, its inhabitants being robbers, thieves, and assassins. In the Italian chronicles of the Middle Ages, Artena already had this reputation. A search through the judicial records shows the same names continually appearing—a testimony to the hereditary character of the criminal impulses.

DULCIN or para-phenetol-carb-amid is a newly announced rival to saccharin.

DR. J. S. BARNES of Milwaukee, Wis., reports ("Med. Bull.") a case in which the conjunctiva was the seat of a mucous patch. The lesion began upon the palpebral conjunctiva of the lower lid of the left eye and spread to the contiguous surface of the ocular conjunctiva. Healing was progressing rapidly, under appropriate treatment, when the patient disappeared for three weeks. Upon his return the ulcer had entirely healed, with the formation of symblepharon between the ocular and palpebral conjunctivæ.

Correspondence.

ALVARENGA PRIZE, 1893.

[To the Editor:] The College of Physicians of Philadelphia announce that the next award of the Alvarenga prize, being the income for one year of the bequest of the late Señor Alvarenga, and amounting to about $180, will be made on July 14, 1893, provided that an essay deemed by the committee of award to be worthy of the prize shall have been offered. Essays intended for competition may be upon any subject in medicine, but cannot have been published, and must be received by the secretary of the college on or before May 1, 1893. Each essay must be sent without signature, but must be plainly marked with a motto, and be accompanied by a sealed envelope having on the outside the motto of the paper and within it the name and address of the author. It is a condition of competition that the successful essay, or a copy of it, shall remain in possession of the college; other essays will be returned upon application within three months after the award.

The Alvarenga prize for 1892 has been awarded to Dr. R. H. L. Bibb, of Saltillo, Mexico, for his essay entitled "Observations on the Nature of Leprosy."

CHARLES W. DULLES, Sec'y.

INTUBATION.

[To the Editor:] The following table gives the results of 126 intubations by myself and Dr. W. B. Pusey:

Number done by Dr. W. Cheatham	56.
Deaths	34.
Recoveries	22.
Per cent of recoveries	39 28
Number done by W. B. Pusey, M. D.	70.
Deaths	37.
Recoveries	33.
Per cent. of recoveries	47.1-7
Total (both)	126.
Total deaths	71.
Total recoveries.	55.
Per cent of recoveries	43.65

W. CHEATHAM, M. D.

LOUISVILLE, KY.

CHOLERA BLOOD INOCULATION. — Klemperer ("Journal of the Amer. Med. Assoc.") has shown that, while the blood serum of normal men possesses either no influence or but a very feeble one upon the toxicity of cultures of cholera bacilli, a decided antitoxic effect is exerted by the blood of people who have been inoculated with cholera bacilli subcutaneously. The antitoxic effect of the blood serum of patients recovered from genuine cholera has now been tested by Lazarus of Berlin ("Berliner klin. Wochenschrift) with remarkable results. Conception of the term immunity has gained in precision very much since clinical observations have been supplemented by laboratory work. From the earlier researches of Pasteur on anthrax and chicken cholera it became evident that there may be different degrees of immunity. After Behring had discovered that an important—if not the most important—factor in acquired immunity is the acquired antitoxic property of the blood, Ehrlich taught us how to measure this property and thus express the degree of immunity in terms of mathematical accuracy. Klemperer found it possible to influence the economy by his inoculation with cholera bacilli under the skin to such an extent that one-half to one cc. of the person's serum injected into a guinea pig protected the latter against a fatal dose of a cholera culture. In the natural immunity following convalescence from an attack of cholera Lazarus found the antitoxic effect of the serum 5 to 1,000 times as great as in the blood of the vaccinated person. One-tenth of a milligram of the serum was sufficient to protect a guinea pig against death, while ½ m. gr. prevented even any transient effect of an otherwise fatal dose of virulent cholera-culture. This antidotal influence occurs only if the protective injection be made before the poisonous cholera-toxines are injected into the peritoneum. After the introduction of the cholera poison protection can be had only from enormous doses of serum up to one cc., and from these only if they are given during the incubation period of the first few hours. After the effects of the cholera poison had become manifest by the lowering of the animal's temperature, no curative results could be obtained from serum in any quantity. Lazarus suggests that trial be made in man of the antitoxic properties of the blood of convalescents during the premonitory diarrhœa of cholera, and before systematic poisoning has set in.

ETHER IN INCARCERATED HERNIÆ. — Etlinger has revived ("Univ. Med. Mag.") the old procedure of spraying incarcerated herniæ with ether. He has excellent results. The penis, anus and scrotum are covered with olive oil to avoid irritation with the ether.

ANTICHOLERIN-KLEBS is a newly described "lymph" for treatment of cholera.

Societies and Colleges.

CALENDAR OF MEDICAL SOCIETIES.

Association.	President.	Secretary.	Place and Time.
NATIONAL.			
Am. Academy	.....	C. McIntyre, Easton, Pa..	
Am. Anatomists			
Am. Andrological			
Am. Climatological			
Am. Dermatological			
Am. Gynæcological			
Am. Health Resort			
Am. Laryngological			
Am. Medical	Hunter McGuire, Richmo'd	W. B. Atkinson, Philadel'a	Milwaukee, June 6, 1893.
Am. Medico-Psychol'l.	J. Curwen, Warren, Pa...	H. M. Hurd, Baltimore....	
Am. Neurological			
Am. Obstetricians			
Am. Ophthalmological			
Am. Orthopædic			
Am. Otological			
Am. Pædiatric			
Am. Physiological			
Am. Physicians	A. L. Loomis, New York..	H. Hun, Albany.....	
Am. Public Health			
Am. Railway Surgeons	C.W. P. Brock, Richmond.	E. R. Lewis, Kansas City.	Omaha, June, 1893.
Am. Rhinological			
Am. Surgical			
Mississippi Valley	C. A. L. Reed, Cincinnati..	E. S. McKee, Cincinnati..	Cincinnati, Oct. 12, 1892.
Pan-Am. Congress	W. Pepper, Philadelphia..	C. A. L. Reed, Cincinnati..	Washington, Sept. 5, 1893.
STATE.			
Alabama	.....	T. A. Means, Huntsville.	
Arizona	J. Miller, Phoenix.....	J. T. Green, Tucson.....	
Arkansas	J. T. Jelks, Hot Springs...	L. P. Gibson, Little Rock.	Little Rock, June 2, 1893.
California	W. E. Taylor, San Franci'o	W.W. Kerr, San Francisco	San Francisco, April 18, '93
Colorado	W. E. Wilson.....	E. R. Axtell.....	
Connecticut	C. B. Newton, Stafford S'gs	N. E. Worden, Bridgeport.	Hartford, May 24, 1893.
Dakota, North	A.P. Rounseveille, Larim're	D. S. Moore, Jamestown..	Jamestown, May 25, 1893.
Dakota, South	A L. Peterman, Parker...	R. D. Warne, Mitchell....	Huron, May 10, 1893.
Delaware	E. W. Cooper, Camden...	W. C. Pierce, Wilmington.	Rehoboth, June 13, 1893.
Florida	S. Springer, Brookview...	J. H. Douglas, Jacksonv'le	Jacksonville, April 7, 1893
Georgia	A. H. Smith, Hawkinsville	D. H. Howell, Atlanta	Americus, April 21, 1893.
Idaho			
Illinois	E. F. Ingalls, Chicago.....	D. W. Graham, Chicago...	Chicago, May, 1893.
Indiana	G. F. Beasley, Lafayette..	E. S. Elder, Indianapolis..	Indianapolis, May 9, 1893.
Indian Ty			
Iowa	C. M. Hobby, Iowa City...	C S. Chase, Waterloo.....	
Kansas	F. F. Dickman, Ft. Scott.	G. C. Purdue, Wichita....	Topeka, May, 1893.
Kentucky	A. Dixon, Henderson.....	Steele Bailey, Stanford...	Frankfort, May, 1893.
Louisiana	S. E. Archenard, N.Orleans	P.B.McCutcheon, N.Orlea's	New Orleans, May, 1893.
Maine	A. H. Mitchell, Brunswick.	C. D. Smith, Portland.....	Portland, June 7, 1893.
Maryland	L. McLane Tiffany, Balti're	G. L. Taneyhill, Baltimore	
Massachusetts	J. C. White, Boston.....	F. W. Goss, Roxbury.....	Boston, June 13, 1893.
Michigan	G. V. Chamberlain, Flint.	C. W. Hitchcock, Detroit.	Muskegon, May, 1893.
Minnesota	A. W. Abbott, Minneapol's	C. B. Wetherle, St. Paul...	Minneapolis.
Mississippi	W. Kiger, Vicksburg.....	H. H. Haralson, Meridian.	
Missouri	T. Prewitt, St. Louis.....	J. C. Mulhall, St. Louis...	Pertle Springs, May.
Montana	W. Treacry, Helena.....	Dr. Ellis, Butte.....	Great Falls.
Nebraska	M. L. Hildreth, Lyons....	G. Wilkinson, Omaha.....	Nebraska City, May, 1893.
Nevada			
New Hamshire	.....	G. P. Conn, Concord.....	
New Jersey	G. T. Welsh, Passaic.....	W. Pierson, Orange.....	Spring Lake, June, 1893.
New Mexico	.....	M. F. Desmaris, Las Vegas.	
N. Y. Association	J. B. Andrews, Buffalo....	E. D. Ferguson, Troy.....	New York, Nov. 19, 1892.
N. Y. Society	L. S. Pilcher, Brooklyn....	F. C. Curtis, Albany.....	February, 1893.
North Carolina	J. W. McNeill, Fayetteville	R. B. Jewett, Wilmington.	
Ohio	D. P. Allen, Cleveland....	T. V. Fitzpatrick, Cincin'i	Put-in-Bay.
Oklahoma	C. B. Bradford.....	Loss Walker.....	
Oregon	W. E. Rinehart.....	C. H. Wheeler, Portland.	
Pennsylvania	H. L. Orth, Harrisburg...	W. B. Atkinson, Philadel'a	Williamsport, May 16, 1893
Rhode Island	.....	W. R. White, Providence.	
South Carolina	W. H. Narlen, Anderson..	W. P. Porcher, Charlesto'n	Sumter, April 3, 1893..
Tennessee	C. W. Beaumont, Clarksv'e	D. E. Nelson, Chattanooga	Nashville, April, 1893.
Texas	J. W. Osborne, Cleburne..	H. A. Weston, Galveston..	Galveston, May, 1893.
Utah			
Vermont	J. W. Jenne, St. Louis....	D. C. Hawley, Burlington.	Montpelier, Oct. 14, 1892.
Virginia	.....	L. B. Edwards, Richmond.	
Washington	N. F. Essig, Spokane.....	O. G. Shaver, Tacoma.....	
West Virginia	D. P. Morgan, Clarksburg.	D. Mayer, Charlestown...	Clarksburg.
Wisconsin	B. T. Phillips, Menominee.	C. S. Sheldon, Madison...	Milwaukee, May, 1893.
Wyoming			

THE CHICAGO ACADEMY OF MEDICINE met October 28 in the Sherman House. Dr. E. S. Talbott was elected chairman. Drs. J. S. Marshall and E. L. Clifford were elected fellows. After the usual banquet, Dr. H. N. Moyer read a paper on "Responsibility in Alcoholic Insanity as illustrated by the Redmond case," which was discussed by Drs. R. Dewey, G. F. Lydston, J. G. Kiernan, E. W. Weis, and ex-Assistant State's Attorney Elliott. The discussion was closed by Dr. Moyer. The Academy then adjourned until November 11.

At the November 11 meeting Dr. H. N. Moyer was chosen chairman. Drs. H. C. B. Alexander, J. B. Murphy, A. W. Sully and W. H. Wilder were elected fellows. Dr. S. Windrow was proposed for fellowship by Drs. Paoli and Pearson and referred to a committee, consisting of Drs. Talbott, G. F. Lydston, and Kiernan. Dr. N. Senn was proposed by Dr. Kiernan and G. F. Lydston and refered to Dr. Moyer, J. A. Lydston and Verity. After the usual banquet, Dr. G. F. Lydston read a paper on "Recent Bio-Chemistry and Bacteriology in Genito-Urinary Surgery," which was discussed by Drs. N. Senn, R. D. McArthur, Moyer, Kiernan, Cuthbertson, Weis, Pearson, Evans, Paoli, Thomas, Christopher, and J. A. Lydston, the discussion being closed by Dr. G. F. Lydston. The Academy then adjourned until December 9, when Dr. W. A. Evans will read a paper on "Phagocytosis" and Dr. L. Hektoen one on "Tumors of the Pons and Cerebeum."

THE VIRGINIA MEDICAL SOCIETY elected the following officers:

President, Dr. Herbert M. Nash, of Norfolk; vice presidents, Drs. Wm. P. McGuire, of Winchester, T. J. Taylor, of Brunswick county, and A. Z. Koiner, of Roanoke. The following incumbents were unanimously re-elected, viz: Dr. Landon B. Edwards, of Richmond, recording secre ary; Dr. J. F. Winn of Richmond, corresponding secretary, and Dr. Richard, T. Style, of Hollins, treasurer.

THE WARREN CO. (MICH.) SOCIETY has elected the following officers: Dr. O. S. Armstrong, president; Dr. E. B. Smith, secretary, and Dr. C. Henri Leonard, treasurer.

THE LAKE CO. (ILL.) MEDICAL SOCIETY elected the following officers: President, Dr. W. M. Sweetland; vice president, Dr. O. P. Maxon; secretary and treasurer, Dr. A. C. Haven. Drs. Girard, Haskins, Barney and Bergen were selected to present papers at the next meeting.

LAKE FOREST, ILL. A. C. HAVEN, Sec'y.

CHICAGO COLLEGE OF PHYSICIANS AND SURGEONS.—The following officers were elected to fill the vacancies due to the death of Professor A. Jackson:

Dr. Henry T. Byford was elected professor of gynæcology; Dr. C. W. Earle was elected president of the board of directors, Dr. A. K. Steele being made vice-president; Dr. J. B. Murphy was made a director of the board.

THE NEW YORK STATE MEDICAL ASSOCIATION elected the following officers.

President, Dr. S. B. W. McLeod of New York; vice-presidents, Dr. R. N. Cooley of Hannibal Center, Dr. J. C. Hannan of Hoosick Falls, Dr. N. Jacobson of Syracuse, Dr. S. J. Lusk of Warsaw; secretary and treasurer, Dr. E. D. Ferguson of Troy; director of library, Dr. John W. S. Gonley of New York, and member-at-large, Dr. John Shrady of New York.

THE ÆSCULAPEAN SOCIETY of the Wabash Valley elected the following officers:

Dr. L. J. Weinstein, president; Dr I. L. Firebaugh, vice-president; Dr. Z. J. Baum, secretary.

The next meeting will be held in Oakland, Ill.' next May.

THE PEORIA CITY MEDICAL SOCIETY elected the following officers for the ensuing year:

President, Dr. T. M. McIlvaine; vice-president, Dr. R. D. Bradley; secretary, Dr Geo. A. Zeller; treasurer, Dr. J. W. Hansley; censors, Dr. L. A. McFadden, Dr. Coniber of Morton, Dr. J. T. Stewart.

THE CHICAGO GYNÆCOLOGICAL SOCIETY elected the following officers:

President, Dr. E. J. Doering; vice-presidents, Drs. F. Henrotin and Franklin Martin; secretary, Dr. H. P. Newman; editor, Dr. W. S. Christopher; treasurer, Dr. A. H. Foster.

THE NORTHERN CALIFORNIA MEDICAL SOCIETY elected the following officers:

Dr. W. R. Cleveland, president; Dr. T. W. Huntington, first vice-president; Dr. G. W. Stratton, third vice-president; Dr. E. E. Stone, secretary; Dr. O. Stansbury, treasurer; Dr. J. T. Harris, Dr. Reardan, Dr. C. E. Stone, Dr. O. C. Hawkins, Dr. A. E. Briggs, board of censors.

THE DETROIT MEDICAL AND LIBRARY ASSOCIATION elected the following officers:

President, Dr. F. W. Mann; vice president, Dr. George E. Frotheringham; secretary, Dr. Don M. Campbell; treasurer, Dr. Angus McLean; librarian, Dr. G. Y. Becelaere; member of advisory council, Dr. H. A. Gerry; member of publication committee, Dr. C. W. Hitchcock; member of the library committee, Dr. E. S. Sherrill; member of finance committee, Dr. F. Hudson.

THE AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION elected the following officers:

President, Dr. Augustin Goelet, New York; vice-presidents, Drs. William J. Hutchinson, Providence, R. I., and W. J. Herman, Ann Arbor, Mich.; secretary, Margaret A. Cleaves, New York; treasurer, R. J. Munn, Savannah, Ga.

MEDICO CHIRURGICAL COLLEGE.—Dr. W. Erdman has accepted the chair of gynæcology.

THE CHICAGO MEDICAL SOCIETY adopted the following resolutions at its last meeting:

Whereas, The work of the coroner's physician can best be done by an experienced pathologist, and

Whereas, Dr. Ludwig Hektoen has performed his work with marked ability, and to the satisfaction of both the medical profession and the people of this county; therefore be it

Resolved, That it is the sense of this society that he should be reappointed, and we therefore heartily recommend him to the coroner-elect; and, further, be it

Resolved, That the secretary be instructed to send a copy of these resolutions to the coroner and to the daily press of this city.

THE SOUTHERN ILLINOIS MEDICAL ASSOCIATION met at Nashville, Ill., Nov. 17th at 10 a. m. Dr. C. H. Mitchell of Mount Vernon, president; Dr. J. G. McAnally of Carbondale, secretary; Dr. J. B. Rosson, phonographic reporter. Owing to the inclement weather, the attendance was small, but the session was interesting and profitable to the members present. The local profession of Nashville and the citizens welcomed and entertained the members royally with music and banquet. Association adjourned to meet in June, 1893, at Belleville, Illinois.

C. A. MANN, M. D., Secretary.

CHESTER, ILL.

THE SOUTHERN SURGICAL AND GYNÆCOLOGICAL ASSOCIATION elected the following officers:

President, Dr. Bedford Brown of Alexandria, Va.; vice-presidents, Drs. J. Price of Philadelphia and G. A Baxter of Chattanooga; secretary, Dr. W. E. B. Davis of Birmingham, Ala., and Dr. H. P. Cochrane of Franklin, Tenn.

THE FOX RIVER VALLEY MEDICAL ASSOCIATION at Aurora, Ill., elected these officers:

President, Dr. Van Patten of St. Charles; vice-president, Dr. W. A. Nason of Algonquin; secretary and treasurer, Dr. H. L. Pratt of Elgin.

THE HARTFORD (CONN.) MEDICAL SOCIETY has resolved to prohibit the contract system of furnishing medical service to societies of any kind at less than the usual fee. One society in this city has a contract with a physician who agrees to take care of members for 37½ cents each a year.

TAYLOR'S MEDICAL JURISPRUDENCE.*—The "Journal of the American Medical Association" has dealt my no means too severely with the American edition of this work in the following review: We have examined the above entitled work with more than usual interest, not only on account of the fact that it has gone through numerous editions and is well-known to the profession, but because in the preface of the learned American editor it is stated that much new matter has been added and a large number of authorities cited to aid council in preparing briefs, etc. A careful examination of the work shows that its value has indeed been enhanced, but we confess to a feeling of disappointment that the work has not been more thoroughly and exhaustively done. The author and English editor have cited very few American authors and those not always correctly. While perhaps this was to be expected of English authors, still the profession have a right to expect that an American who holds himself out as a member of so many learned societies as does Mr. Bell on the title-page, should remedy this defect and relieve the book of it insular character. The legal side of the editorial work has been more thoroughly done than the medical side, which is what one would naturally expect, considering the fact that the editor is not a medical man. We are constraint to state, however, that much matter is included in the legal notes which, while valuable and interesting, has no earthly bearing upon the subject of medical jurisprudence. This is notably the case with the note on expert evidence beginning on page 52, in which we learn among many other interesting but irrevelant things that "masters of vessels or experienced seamen may give their opinions on questions pretaining to nautical science or affairs," to sustain which proposition, which no rational man would ever think of disputing at the present day, no less than twenty-two cases are cited. On the other hand, matters which, by reason of their importance, merit an exhaustive treatment are merely touched upon or not even mentioned. The subject of malpractice, for example, receives at the hands of the American editor only one and one-half pages, and even these show traces of hasty preparation. References to American medical literature which abound in valuable and instructive cases (not in courts of law) are very few, so few as to lead one to believe that the field of periodical literature has not been explored by the editor. For example, the subject of hypnotism is not mentioned in the index, and we have not found it treated in the text. Instances like the above might be multiplied. Notwithstanding all these indications of hasty or inadequate preparation of this edition, the work is still valuable, but by no means so valuable as the profession have a right to expect.

The edition, in short, is a disgrace alike to its American editor and publishers. It is worse than useless as a medico-legal guide.

*Manual of Medical Jurisprudence. By Alfred Swain Taylor, M. D., F. R. S., revised and edited by Thomas Stevenson, M. D., London. Eleventh American edition with citations and additions from the twelfth English edition, by Clark Bell, Esq., President of the American International Medico-Legal Congress of 1893. 787 pages, 56 illustrations. Price, cloth, $4.50; sheep, $5.50. Lea Brothers & Co., Phila., 1892.

BALTIMORE UNIVERSITY MEDICAL SCHOOL.—Dr. A. Whitehead has resigned the chair of anatomy and clinical surgery.

Reviews and Book Notices.

MARTIN'S ELECTRICITY IN OBSTETRICS AND GYNÆCOLOGY* is the work of an enthusiastic disciple of Apostoli, hence an element of error arises which must be eliminated in its results. Two-thirds of the work are devoted to a discussion of electricity and electric apparatus. This is a fault from the standpoint of many practitioners, but an equal merit from the standpoint of physicians unacquainted with recent researches. The remainder of the work is devoted to the application of the principles laid down in the first part, to electrotherapy as applied to gynæcology and obstetrics. The work as a whole can be heartily recommended. In many parts a wise conservatism is evident, which adds to the value of the work. Dr. Martin has found electricity of especial value in the treatment of inflammatory exudates. It is evident, moreover, that he does not rely on electricity to the exclusion of other adjuvants. This has been the great fault of most works on electricity. The practitioner unacquainted with the gynæcological uses of electricity will find the purchase and perusal of this work amply rewarded.

SHAW'S MENTAL DISEASES† is an excellent summary of existing literature. Its chapters are: I. Definitions of Insanity and Classifications of Mental Diseases. II. Index of Symptoms Somatic, Physiological, and Psychical, with the Mental Diseases in which they occur. III. Index of Mental Diseases with their Synonyms and Symptoms. IV. Ætiology. V. Diagnosis. VI. Prognosis. VII. Pathological Anatomy, Pathology, and Pathogenesis. VIII. Therapeutics and Hygiene. IX. Legal Regulations and Forensic Psychiatry. There is a general index of 23 pages. Invidious distinctions are made between American alienists. Some widely known both in England and on the continent are dismissed with contemptuous mention of their less important contributions to psychiatry. Despite this defect, the work merits a place in the library of every physician.

MODERN MATERIA MEDICA. By H. HELBING.‡—The good impression received when this little work made its first appearance, only two years ago, has been fully confirmed by closer acquaintance. In its new and revised edition it has no equal as a complete and reliable work on modern materia medica, although the two preceding editions achieved great popularity and received high praise generally from the pharmaceutical and medical press. The present revised edition is larger by forty pages; the monographs have all been rewritten; every new remedy up to date is described, including even asaprol and diaphtherine, novelties introduced but two weeks before the day of publication. The index contains over 600 references of names of new remedies and symptoms. As has been pointed out on a former occasion, the various preparations are considered as to mode of preparation or source, physical and chemical properties, and medicinal uses, including dosage. This book cannot be too highly recommended as meeting the practical wants of pharmacists and physicians alike.

LEONARD'S PHYSICIAN'S DAY-BOOK* is in its fifteenth year of publication. The front part of it is occupied with dose tablets and other useful pocket memoranda. It is good for thirteen months, from the first of any month that it may be begun, and accommodates daily charges for fifty patients, besides having cash department and complete obstetric records. There are also columns for the diagnosis of disease, or for brief record of the treatment adopted, following each name-space. Name of patient needs to be written but three times in a month. The book is 7½ inches in length and is 3½ inches wide, so that it will carry billheads or currency bills without folding. It is bound in flexible covers, and weighs but five ounces, so that it is easily carried in the pocket.

POPULAR SCIENCE MONTHLY FOR NOVEMBER.—This number is of unusual interest to pharmacists and medical men, as an enumeration of some of the titles will show. One article treats on the "Natural or Scientific Method in Education." It contains diagrams of the brain and the various centers of activity. Another paper is by Dr. Lauder-Brunton, illustrated, on "Posture and its Indications." Other articles are, "Modern Nervousness and its Cure," "Problems of Comparative Psychology," "The Synthesis of Living Beings," "Color in Flowering Plants," "Economical Trees," "Reasoning Animals," "First German Paper Maker" (illustrated), "Are Business Profits too Large," etc. There also is given a biographical sketch, with portrait, of Henry Walter Bates, the propounder of the doctrine of protective mimicry.

*Electricity in Obstetrics and Gynæcology. By Franklin H. Martin, M. D., Chicago. W. T. Keener, 1892.

†Epitome of Mental Diseases, including their Classification, Synonyms, and Symptoms, their Ætiology, Diagnosis and Treatment, with the Present Methods of Certification of the Insane. By James Shaw, M. D., formerly Medical Superintendent and Co-Licensee, Haydock Lodge Asylum, London. New York: E. B. Treat, 5 Cooper Union. 1892.

‡Modern Materia Medica for Pharmacists, Medical Men and Students. By H. Helbing, F. C. S., London. Third English Edition. New York: Lehn & Fink. 1892. Cloth, 8vo., pp. 212, $1.

*Leonard's Physician's Pocket Day-Book. Bound in Red Morocco, with Flap Pocket, Pencil Loop and Red Edges. Price, postpaid, $1.00. Published by The Illustrated Medical Journal Co., Detroit, Mich.

KRAFFT-EBING ON SEXUAL PERVERSION.—*This study of the psychopathology of the sexual life was, when first published, a small monograph. In the eight editions through which it has passed so rapidly it has received so many additions and been made to cover so completely every aspect of the anomalies of the sexual sphere that the work now deserves the name of a treatise. It especially supersedes all previous attempts to treat this important subject scientifically, and it is sure to commend itself to members of the medical and legal professions as a scientific explanation of many social and criminal enigmas to which no work in English offers a solution. Dr. Chaddock's translation is excellent. The additions from recent American researches are made with excellent judgment and greatly increase the value of the original. The subject has beem much discussed of late, but not with the philosophical spirit herein displayed.

ROMANES' "DARWIN AND AFTER DARWIN"† is a discussion of the phenomena of evolution. It is decidedly sketchy as compared with the "Chapters on Evolution" of Andrew Wilson, published ten years previously. The style of Romanes is excellent. He states the evidence pro and con. the doctrine of evolution carefully and impartially, albeit he holds that doctrine proven. Romanes, however, does not display that knowledge of animal physiology naturally to be expected from him. In discussing one of the objections raised by the Duke of Argyll against evolution, he says: "We can scarcely suppose that any aquatic animal is less susceptible than the human hand." Such an assumption is entirely unjustified. It is known that there are rays of light beyond the violet, and that certain animals are susceptible to them. The like must be true of electricity.

ALASKANA. BY BUSHROD W. JAMES.‡—The author, who is a member of the Society of Natural History and Ethnology of Sitka, Alaska, and a teacher in a New York medical college, has published works on Alaska ere this. The present attempt treats, in metric language, of the legends, customs, ethnology and scenery of Alaska and its native people. Being a physician, the author has given considerable study to the "medicine men," or "shamans," their peculiar education, strange practices, ostentatious manners, mode of collecting fees, their death and burial, all of which is interesting, and some parts are startling in their intense realism; and this collection of poems gives much information concerning a portion of our great country of which very little is popularly known.

SENN'S BONE TUBERCULOSIS* is an excellent logical analysis of certain pathological phenomena of great importance to the general practitioner. The opening chapter discusses the history of the subject. The second deals with the evidences of bone and joint tuberculosis. The work has an excellent, clear style. It is certainly permeated with modern views. Its purchase and perusal will be amply remunerative to the family physician, who sees this class of disease long ere the surgeon. To the first it is a peculiarly valuable guide. It is excellently issued.

CHRISTOPHER'S SUMMER COMPLAINT† is one of the most valuable contributions to pædiatry which has appeared for a long time. The chapter on "Starvation Neuroses" is of peculiar interest and great clinical importance. There are excellent dietetic hints scattered all through the volume. The advice given in it is amply remunerative for its purchase and perusal.

DAVIS' "LUNGS, HEART, AND KIDNEYS,"‡ is something of a "pot-boiler," but contains material which, carefully analyzed, is of no little interest and service. There is an undue alcoholophobiac bias evident which mars the book.

CANFIELD'S HYGIENE OF THE SICK ROOM§ has too much of a bacteriophobiac tinge to be placed with safety in the hands of the average layman. It will certainly furnish hypochondriacs with abundant material for delusions.

THE MEDICAL NEWS VISITING LIST contains many useful data for the physician, including an alphabetical table of diseases, with the most improved new and old remedies, and table of doses. There are also sections on urinalysis, artificial respiration, incompatibles, poisons and antidotes, eruptive fevers and artery ligation. It is an excellent visiting list.

*Psychopathia Sexualis: With Especial Reference to Contrary Sexual Instinct. By Dr. R. von Krafft-Ebing, Professor of Psychiatry and Neurology in the University of Vienna. Authorized translation of the Eighth German Edition by Charles Gilbert Chaddock, M. D., Assistant Medical Superintendent Northern Michigan Asylum; Fellow of the Chicago Academy of Medicine. Philadelphia: F. A. Davis Co. 1892.

†Darwin and After Darwin. By G. J. Romanes. Chicago: Open Court Publishing Company. 1892.

‡Alaskana; or, Alaska in Descriptive and Legendary Poems. By Professor Bushrod W. James, A. M., M. D. Philadelphia: Porter & Coates. 1892.

*Tuberculosis of the Bones and Joints. By N. Senn, M. D., Ph. D., Professor of Practice of Surgery and Clinical Surgery in Rush Medical College, Chicago, Ill.; Professor of Surgery in the Chicago Polyclinic; author of a text-book on the "Principles of Surgery," etc., etc. Illustrated. Philadelphia: F. A. Davis Co., 1892.

†Summer Complaint and Infant Feeding. By W. S. Christopher, M. D. Chicago: Blakely & Rogers.

‡Diseases of the Lungs, Heart, and Kidneys. By N. S. Davis, Jr., A.M., M.D., Professor of Principles and Practice of Medicine, Chicago Medical College. Philadelphia: F. A. Davis & Co. 1892.

§The Hygiene of the Sick Room. A Book for Nurses and Others, being a Brief Consideration of Asepsis, Antisepsis, Disinfection, Bacteriology, Immunity, Heating and Ventilation and Kindred Advises for the use of Nurses and other Intelligent Women, by William Buckingham Canfield, A. M., M. D. Philadelphia: P. Blakiston Son & Co. 1012 Walnut street. Price, $1.50. 1892.

State Items.

ALABAMA.—The Lauderdale County Medical Society has seceded from the state society and is endeavoring to impeach the constitutionality of the medical practice act, under which all registered physicians are members of the state society.

ARIZONA.—Dr. J. Traill Green died at Tuscon November 8.

ARKANSAS.—There is a growing feeling among Arkansas physicians in favor of code revision.—The Hot Springs Medical Society has determined to boycott any druggist who employs drummers for venereal practice.

CALIFORNIA.—The Livernash trial brought out some decidedly unique features. Livernash is a decided neuropathic, with evident stigmata. Although married, he has exhibited sexual pervert tendencies, having been arrested for wearing female attire. The accuser is clearly a lunatic, with persecutional delusions anent poisoning. The alleged crime seems to have been motiveless. Dr. Gardner of the Napa Insane hospital hypnotized Livernash in open court. The test was not accepted by Dr. Wackendorf, the expert for the prosecution, who claimed simulation. Pins were stuck through Livernash's hand, cheek, and ear without wincing; but "horses" have stood such tests.—A varioloid-varicella controversy is in active progress over a child in Oakland. In a law case, Dr. T. H. Pinkerton testified that the case was unquestionably one of "chicken-pox," although he had vaccinated the members of the family as a precaution. Doctors Crowley, Patterson, Burchard, Russell, and Pratt also testified that they were positive the child was suffering from chicken-pox. On the other hand, Health Officer Dunn and Doctors Woolsey, Wythe, and Muller testified that the case was beyond any doubt varioloid.—Dr. H. K. McClelland has located in Santa Rosa.

COLORADO.—Dr. J. L. T. Davison has removed to 42 West First avenue, Denver.—Dr. C. Manley of Denver recently married Miss C. McCabe.

CONNECTICUT.—Dr. A. Varno of Thompsonville has removed to East Hartford.—Dr. A. C. Tones of Bridgeport married Miss E. Harwood November 16.—Dr. F. T. Simpson of Hartford recently married Miss K. S. Wilcox.—Dr. J. J. Burnell of Armonk, N. Y., has removed to Greenwich, and Dr. T. L. Ramos of Stewartstown, N. H., to Middletown.—Dr. G. W. Lawrence of Hartford recently married Miss L. Reeder.

DAKOTA SOUTH.—Dr. Regina Begler of Mitchell has removed to Canton, China.—Dr. D. F. Royer has been appointed pension surgeon at Alpena.

DELAWARE.—Dr. W. F. Kennedy has located at Wilmington.

FLORIDA.—Dr. J. W. Smith has removed to Bartow.

GEORGIA.—Dr. D. W. Cubbedge recently married Miss C. White of Valdosta.—Dr. C. A. Moran of Augusta has removed to Atlanta.

IDAHO.—A Boise City family consisting of four members—father, mother, and two children of three and four years—is suffering from leprosy which the father contracted in Hawaii.

ILLINOIS.—Dr. H. H. Silliman of Chenoa died November 15, at the age of 24.—Dr. H. F. Johnston of Ontario, Canada, has located at Griggsville.—Dr. S. Czibulka of Warren married Miss J. Barton, November 16.—Dr. M. Chambers of Charleston died recently.—Dr. J. R. Kay of Quincy died recently.—Dr. Patrick Gregg of Rock Island died recently at the age of 83.—*Chicago.*—The Cook county hospital, insane-hospital, and the infirmary are suffering the usual deplorable results of "business" men superintendents. "Stinted" food, drugs, instruments, and clothing, drunken carnivals by commissioners, and bills of a boodle type have lately developed. The medical protest was made only after the county control had passed from one party to another.—Dr. C. E. Kurtz of Wheeling, W. Va., has located here.—Dr. E. C. Dudley has been sued for malpractice.—Dr. V. Schreiner died November 2.—The state board has licensed the following: Herman H. Born, East St. Louis; Eli Bradford, Rock Island; Lee C. Cardner, Hull; Frederick C. Cluxton, Dwight; N. D. Haskell, Chicago; C. T. Parker, Thackery; A. C. Wilson, Chicago; Harry Percival Wooley, Chicago; William Albion Young, Springfield; Perry Landerson, H. H. Brown, F. C. Dakin, C. W. Espy, J. A. Hughson, C. E. Kurtz, Mary E. MacLeod, C. M. C. Prentiss, A. F. Storke of Chicago; E. H. Bradley, Peoria; G. A. Chilgren, Burlington, Iowa; J. G. Kilgore, Vermillion; F. J. Oshay; Rockford; R. H. Cooke, A. B. Foster, W. E. Gamble, H. W. Gentles, A. R. Jenkins, J. S. McNamara, Thos. Warlow, Frank Wetzel of Chicago; Martin Cushing, Joliet; A. W. Hitt, Summerfield; L. C. Littlejohn, Oconee, Jas. Macfie, La Grange; E. P. Miller, Lake City; W. L. Owen, St. Louis; G. W. Rea, Rockford; L. C. Read, Chicago; E. W. Ruggles, Englewood; C. P. Small, Hyde Park; E. J. Avery, E. L. Denison, Jacquis Holinger, J. H. Jackson, E. R. Kellogg, Alexis Riennier, P. R. Welcker, W. D. Williams of Chicago; H. H. Brown, East St. Louis; E. H. Bradley, Peoria; E Bradford, Rock Island; F. C. Cluxton, Dwight; G. A. Chilgren, Burlington, Iowa; L. E. Carder, Hull; J. G. Killgore, Vermillion; F. J. Oshay, Rockford; C. T. Parker, Thackery; W. A. Young, Springfield.

INDIANA.—Dr. W. B. Brown of Brazil died recently.—Dr. J. N. Goodwin of Valpariso died recently at the age of 96.—Dr. Hays of Indianapolis was called out by a husband of a patient of hers who attempted to rape her.

IOWA.—Dr. Jas. Donelly of Carroll died Nov. 7. —Dr. C. W. McColm of Gravelly has removed to New Market.—Dr. E. B. Young of Red Oak died Nov. 4.—Dr. J. M. Wyland has located at Harlow.

KANSAS.—Dr. Arter of La Crosse has removed to Topeka.—Dr. H. Cowgill of Baldwin died recently.—Dr. J. R. Collard has located at Hoyt.

KENTUCKY.—Dr. W. E. Irvin of S. Carrolltown has located on Fourth street, Owensboro.—Dr. G. A. Kennedy of Franklin died November 1.

LOUISIANA.—Dr. F. W. McNamara states that the Plaquemines leper colony contains but twenty-seven persons, who live on fish. Their language is a French patois, and their ages vary from 40 to 70. Dr. R. J. Francez of Carencro died recently.

MAINE.—The Augusta insane-hospital is disgracefully overcrowded. A new state insane-hospital is imperatively needed.—Dr. Piper of Bingham has removed to Elm street, Pittsfield.—Dr. W. B. Smart of Camden died recently.

MARYLAND.—Dr. C. O. Lewis of Bladensburg died recently.—Dr. R. M. Dorsey has located at Wetheredville.—*Baltimore.*—Dr. A. T. Ridgely died November 3, and Dr. E. A. Jeager died November 11.—Dr. H. Harriman recently married Miss M. J. Klopstein.

MASSACHUSETTS.—Dr. J. G. Hays of Ware has removed to Williamsburg.—Dr. P. F. Gilson of Lawrence died November 5, and Dr. H. J. Buckett of Melrose November 6.—Dr. J. J. McCann has been appointed medical examiner M. C. O. F.——Dr. J. Q. A. Tourtellot of Fall River died recently.—*Boston.*—Dr. E. T. Eastman died November 7.—Dr. W. H. Brooks married Miss H. M., daughter of Dr. H. E. Winchell, November 9.—Dr. J. H. Ash has located at West Quincy, Dr. G. L. Perry at Athol, and Dr. E. F. Murray at Worcester.

MICHIGAN.—Dr. W. Hoyt of Sturgis recently committed suicide.—*Ann Arbor.*—Dr. May B. Stuckey, demonstrator of anatomy in the university, recently expressed, in a recent interview, the opinion that female graduates of the medical department antecendent to 1889 (Dr. Stuckey's class) were "freaks." There appears to be at least one "freak" graduated since 1888 who is much in need of tuition in ethical courtesy.

MINNESOTA.—Dr. G. O. Welch has been elected superintendent of the Feargus Falls insane hospital.—Dr. W. F. Tryon has located at Owatonna. —Dr. M. R. Wickersham of Mankato died recently.

MISSISSIPPI.—The State Medical Society has recommended Drs. W. B. Sanford, W. H. White, J. T. Hunter, S. R. Dunn, and H. A. Gaut as members of the state board of health.—Dr. W. L. Lundy of Nesbett died Nov. 6.

MISSOURI.—Dr. H. H. Vinke of St. Charles recently married Miss L. L. Schlegel.—*St. Louis.*—Dr. W. B. Outten recently removed a 28-ounce gastrolith from the stomach of a negro.

NEBRASKA.—Dr. W. J. Sisson of Beatrice died November 16.—*Omaha.*—The county hospital is in very bad shape. It is under lay control and miserably managed. The only redeeming features are generally admitted to be the careful labors of the attending physician.

NEW HAMPSHIRE.—Dr. G. W. Hazleton has located at Errol.—Dr. W. W. Wilcomb of Suncook recently married Miss M. Y. Strong.

NEW JERSEY.—Dr. D. Elliott has been appointed Essex county physician.—Dr. Enoch Fithian of Greenwich died November 8 in his 101st year. He was a graduate of the University of Pennsylvania of the class of 1817.—Dr. J. M. R. Gedney of Little Falls died November 17.—Dr. J. P. Miller of Jersey City died recently.—Dr. G. L. Harker has located in Port Norris.

NEW YORK.—Dr. J. W. Wiltz of N. Albany married Miss L. M. Baillie recently.—Dr. M. R. Joy has located in Cazenovia.—Dr. G. Devoe of Lexington died November 2.—Dr. Jennie V. Stanton of Saratoga recently married Mr. A. O. Wilcox. —Dr. U. G. Williams has located in Newport.—Dr. E. W. Setree has located in Canton.—Dr. Dr. Lieron Gibbon has located in Dunkirk.—Dr. L. L. Tozler has located in Buffalo.—"Dr." H. Clark, who advertises to cure "all skin diseases," failed to cure a woman, who thereupon had him arrested for obtaining money under false pretenses. He returned the money, whereupon the case was dropped.—Dr. J. P. Brown has located at Nunda. —Dr. L. W. Dodson has been appointed Binghampton insane hospital assistant physician. — Dr. E. Tweedy of Geneva recently married Miss Seelover.—*New York City* — Dr. J. H. Rose of Branchport married Miss S. T. Goldwait November 8.—Anthrax recently killed a "sweater" shop tailor.—A resolution recently passed by the board of aldermen allows the president of the police board to grant permits to practicing physicians, giving them the right to cross parades and processions while driving to attend patients.—An attempt was recently made to Croninize Dr. Lieberman.—Dr. L. W. Hubbard recently married Miss F. L. Tyler.—Victims of throat cancer scares average nine a week at the Skin and Cancer Hospital.—Dr. A. McClay died November 7.—Dr. McNicholl recently ovariotomized with success a seventy-two-year-old woman.—Dr. P. J. O'Hare has been appointed coroner's physician.—*Brooklyn.*

—Small-pox is epidemic.—Dr. P. DeLisle died November 14.

NORTH CAROLINA.—Dr. S. S. Satchwell of Burgaw died Nov. 8 at the age of 70.—Dr. Hooker of Asheville died recently.

OHIO.—Dr. Mary Dwight of Portsmouth has been expelled from a local medical society for advertising.—Dr. Friffogle of North Georgetown died recently.—Dr. Shelby Unmaugh of Longview Insane Hospital has resigned to enter private practice. Dr. Cady succeeds him.—*Cincinnati.*—Dr. T. E. Linn recently married Miss S. E. McClellan.—Dr. J. M. McLaughlin of Xenia recently married Miss E. Wilson.—Dr. R. N. Anton of Lebanon died recently.

OKLAHOMA.—Dr. J. W. Wells has located in Hennessey.

OREGON.—Dr. J. B. Lee of Corvallis and Dr. W. Caples of St. Johns died recently.—Dr. C. E. Bogue of Myrtle Point has located at Riddle.

PENNSYLVANIA.—Dr. F. Mayne succeeds Dr. E. D. McKee at Warren.—Dr. E. Grewer has located at Wilkesbarre.—*Pittsburg.*—Dr. Williams recently married Miss H. Fox.—Dr. Dwyer has located at Forest City.—Dr. Carothers of Braddock recently married Miss G. Robbins.—*Philadelphia.*—Dr. W. Keith died November 5, at the age of 84.—Dr. C. B. Penrose recently married Miss K. Drexel.—Dr. J. Daland has been chosen Rush Hospital visiting physician.—Drs. J. T. Wald of Ridgeway and N. P. Grimm of Philadelphia died recently.—Dr. P. Drick of Loyalsockville died November 8.

RHODE ISLAND.—Dr. G. H. Pike of Bristol died November 9.

SOUTH CAROLINA.—Dr. J. D. Coleman of Waterloo died recently.

TEXAS.—Dr. F. H. Schoneburg of Shiner has removed to Shelby.—Judge King of San Antonio has decided that a physician who has not received a certificate from the board of county medical examiners cannot recover his fees for services through the courts. The doctors of San Antonio are all in the same box, as no examining board was ever appointed. Physicians in other parts of Texas are probably in the same fix.

UTAH.—Dr. R. W. Fisher of Salt Lake City married Miss M. Van B. Terry Nov. 16.

VERMONT.—Dr. H. B. Kenyon of Townsend died Nov. 8.—Dr. E. A. Pond of Rutland married Miss Hart North.—Dr. W. Carpenter died Nov. 9.—Dr. Genereux of St. Albans has removed to Burlington.—Dr. W. P. Wright of Whiting died recently.

VIRGINIA.—Dr. D. A. Robinson of Danville died recently.

WASHINGTON.—Dr. R. M. Eames succeeds Dr. Spartling as Seattle health officer.

WEST VIRGINIA.—Dr. E. C. Myers of the "Island," Wheeling, recently married Miss E. Mitchell.—The new insane hospital at Spencer is soon to be opened.

WISCONSIN.—Dr. A. R. Moon of Beaver Falls died recently.

WYOMING.—Dr. Mundie has located at Caspar.

FOREIGN.

IRELAND.—The insane have increased in Ireland from 249 per 100,000 in 1880 to 355 per 100,000 in 1890.

GERMANY.—The medical profession of Berlin is greatly agitated by the presence of Golam Kader, an Indian oculist, who says he can make the blind see. Golam Kader has established himself in a room in the Friedrichstrasse, and there he displays himself daily amid Oriental splendor of apparel and furniture to great crowds of persons who have brought blind friends for treatment. Golam Kader says he has a diploma from a univerity in Singapore, but nobody has been able to learn anything further about the diploma or the university. The physicians of the city, and many newspapers, demand that the police arrest Golam Kader as an imposter. Meantime Golam Kader is receiving fees as fast as he can take them in.—In the twenty universities of the German Empire the medical students for last summer numbered 8,838. These were distributed among the various universities as follows: Berlin, 1,185; Bonn, 325; Breslau, 292; Erlangen, 424; Freiburg, 481; Giessen, 172; Gottingen, 200; Greifswald, 393; Halle, 283; Heidelberg, 278; Jena, 212; Kiel, 335; Konigsberg, 255; Leipzig, 834; Marburg, 266; Munich, 1,443; Rostock, 138; Strassburg, 333; Tubingen, 230; Warzburg, 743.

FRANCE.—There are 103 Russian, five Roumanian, one Greek, one American, six British, and eighteen French women studying medicine in Paris.

TURKEY.—The Sultan has pardoned Mavroyeni Pacha and reinstated him in his former favor and place as his special physician. From the Sultan's childhood Mavroyeni has been his trusted friend. The Pacha recently sought a divorce from his wife, a French Hebrew woman, whose scandalous life had involved him in disgrace, and to injure him she sent to the Sultan a diary kept by her husband, in which daily notes were kept of the Sultan's variable mind. The physician was placed under arrest by the Sultan's order.

THE CEDAR VALLEY (IA.) MEDICAL SOCIETY elected the following officers: Drs. J. S. Bigelow, Dubuque, president; S. N. Pierce, Cedar Falls, vice president; W. B. Small, Waterloo, secretary and treasurer.

BOOK NOTICES.

CATHELL'S PHYSICIAN HIMSELF.*—One decade ago Dr. Cathell launched this book, then a very modest little bark, on the medical sea of literature. It met with almost immediate success, and deservedly so, since with homely prudence it conjoined high professional ideals. The fact that it has reached a tenth edition is sufficient evidence of the estimation of the profession.

SKENE'S GYNÆCOLOGY† is an excellent practical guide. It is in the main free from a doctrinaire spirit. It is, as a rule, fairly revised from early editions.

SOCIETIES.

THE MILITARY TRACT MEDICAL SOCIETY met at Canton, October 15. Papers were read by Drs. J. F. Percy, Galesburg, on "Prostitution: Its Cause and the Relation of the Medical Profession to its Abolishment;" Ellen H. Heise, Canton, on "A Case of Chorea;" J. Homer Coulter, on "Glandular Hypertrophy in the Pharynx;" Louis Becker, Knoxville, on "Some Abuses in the Use of Ergot;" D. B. Hills, Keokuk, Iowa, on "Notes from My Case Book;" W. S. Strode, Lewistown, on "A History of an Epidemic of Typhoid Fever;" Anna M. Braunwarth, Chicago, on "After Treatment of Laparotomy;" H. M. Harrison, Bushnell, on "Eye Strain and some of its Reflex Effects;" John I. Skelly, Pekin, on "Surgical Aspect of Intestinal Obstruction;" Charles W. Hall, Kewanee, on "Croup;" D. C. Harmison, Bath, on "Sepsis and Antisepsis;" M. S. Marcy, Peoria, on "Strangulated Umbilical Hernia;" J. A. Kirkland, Cambridge, on "Why we have Quacks;" G. Frank Lydston, Chicago, on "Chronic Inflamation and Ulceration of the Female Genitalia;" E. M. Sutton, Canton, on "Some Interesting Cases;" R. E. Lewis, Macomb, on "Eye Strain;" A. J. Morton, Williamsfield, on "Inebriety a Disease and its Proper Treatment;" Madison Reece, Abingdon, on "Fractures in Vicinity of Elbow Joint;" Joseph B. Bacon, Chicago, on "Rectal Surgery;" O. B. Will, Peoria, on "Some Observations in Electro Therapeutics;" E. L. Mitchell, Roseville, on "Treatment of Empyema;" A. J. Baxter, Astoria, on "Typhoid Fever;" M. M. Hooton, Plymouth, on "Calculi;" Frank P. Norbury, Jacksonville, on "Paranoia;" J. S. Geigley, Canton, on "Foreign Bodies in the Abdominal Cavity;" L. R. Ryan, Galesburg, on "New Methods of Treating Trachoma."

The following officers were elected for the ensuing year:

Dr. W. S. Holliday of Monmouth, president; Dr. C. W. Hall of Kewanee, vice-president; Dr. H. M. Harrison of Bushnell, secretary and treasurer.

ST. LOUIS MEDICAL SOCIETY.—At the November 12th meeting Dr. Heine Marks presented a case of "Gunshot wound in which the ball became encysted." Death resulted from typhoid fever. Dr. W. B. Outten then reported the case of the patient who had been treated at the Missouri Pacific Railway Hospital for the past year. He had been run over by a car wheel and sustained a compound, comminuted, complicated fracture of the femur. The man was suffering so at the time from the shock that had amputation been attempted he would have died. It was only by the utmost care and attention and by keeping the injured limb suspended in a Hodgen splint that the fractured bone reunited, and the man was enabled to become well and use his leg so as to appear before them last night.

At the November 19th meeting Dr. Hugo Summa read a paper on "The Ground Water Theory of Typhoid Fever." Dr. Wm. N. Briggs followed with a paper on the pathological anatomy of typhoid fever, and Dr. A. H. Meisenbach on bone and joint affections during and after typhoid fever.

PAN-AMERICAN MEDICAL CONGRESS.—A section of railway surgery of the Pan-American Medical Congress has been organized with Dr. C. W. P. Brock, of Richmond, Virginia, as executive president. A full list of officers has been provided for each of the constituent countries. At the eleventh annual meeting of the Wabash Railway Surgical Association—the first organization of the kind—Dr. C. B. Stemen, of Fort Wayne, was, by unanimous resolution, requested to prepare a paper on "Organized Railway Surgery," and read the same before the section on railway surgery of the Pan-American Medical Congress. At the same meeting Dr. Hal C. Wyman, of Detroit, offered the following, which was unanimously adopted: Resolved, That each member of this association solicit his congressman to interest himself in legislation in favor of the Pan-American Medical Congress.

HOSPITAL COLLEGE OF MEDICINE.—Dr. L.S. McMurtry has been elected professor of gynæcology.

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*Book of the Physician Himself, and Things that Concern His Reputation and Success, by D. W. Cathell, M. D. New Tenth Edition (Author's Last Revision). Thoroughly Revised, Enlarged and Rewritten. In one handsome Royal Octavo Volume. 348 pages. Bound in Extra Cloth. Price, post-paid, $2.00, net. Philadelphia. The F. A. Davis Co., Publishers, 1231 Filbert street.

† Treatise on the Diseases of Women. For the use of students and practitioners. By Alexander J. C. Skene, M. D., Professor of Gynæcology in the Long Island College Hospital, Brooklyn, N.Y. Formerly Professor of Gynæcology in the New York Post-Graduate Medical School; Gynæcologist to the Long Island College Hospital; President of the American Gynæcological Society, 1887; Corresponding Member of the British, Boston, and Detroit Gynæcologist Societies, of the Royal Society of Medical and Natural Sciences of Brussels, and of the Leipzig Obstetrical Society; Fellow of the New York Academy of Medicine; ex-President of the Medical Society of the County of Kings; ex-President of the New York Obstetrical Society. Second edition, revised and enlarged, with 251 engravings and nine chromolithographs. New York: D. Appleton & Co. 1892.

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